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INTRODUCTION

BLINDNESS 1980-81 is the fifteenth issue of the Annual published by the American Association of Workers for the Blind. The articles that are included were solicited to conform with the theme, "Mainstreaming." The final article is an updated history of the AAWB prepared by Dr. Teresa M. DeFerrari of the Central Office. As with previous issues of BLINDNESS it was necessary to edit some articles for consistency of style. However, every effort was made to respect the integrity of the original presentation.

The articles fall under the following major headings:

A. The Concept of Mainstreaming

B. Impacts of Mainstreaming on Children-Ages 0-12

C. Impacts of Mainstreaming During Career Building-Ages 13-21

D. Impacts of Mainstreaming on Adults-Ages 22 and Above

E. Impacts of Mainstreaming on the Elderly-Interrelationships with Family and Community

F. A Look to the Future

G. The American Association of Workers for the Blind: An Historical Note

As with previous Annuals, it is hoped that BLINDNESS 1980-81 reflects the current thought with respect to mainstreaming blind and visually-impaired persons and stimulates original thinking and excellence of practice in

the field.

Copies of BLINDNESS 1980-81 are distributed to members of the Association as a function of membership. The Library of Congress, National Library Service for the Blind and Physically Handicapped, will make the annual available through regional libraries in both braille and recorded form.

George G. Mallinson, Editor

THE CONCEPT OF MAINSTREAMING

"Mainstreaming" has become an "in term" and is part of contemporary academic jargon. And, as with all such terms, it is used commonly to suit the fancy of those who discuss the underlying concept. Thus, it takes on different connotations, some of which emerge from synthesis, and some of which, sooner or later, disappear. Eventually, the real meaning may become obscure. Unfortunately, when such terms are used, they are often construed to denote innovations even though they refer to concepts and practices that have existed for many years. Such may be true for "mainstreaming." The lead article in Blindness 1980-81 by Philip Hatlen examines "mainstreaming" with some historical perspective and sets the tone for the articles that follow.

MAINSTREAMING: ORIGIN OF A CONCEPT

by

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Introduction

Perhaps no term in special education has aroused as much enthusiasm, criticism, controversy, and support as "mainstreaming." Often I hear a professional in the field of education of exceptional children say, "I don't like the term 'mainstreaming' and wish we could coin another phrase." I am constantly being reminded that Public Law 94-142, Education for All Handicapped Children Act, never uses the word "mainstreaming." Yet this law gave birth to the current use of the word that is used to describe the placement of handicapped children in regular classrooms. It would seem that educators of handicapped children cannot create a synonym for mainstreaming and it appears as though, whether we like it or not, we are stuck with the term.

Mainstreaming as a concept is certainly not new, and those of us in education of the visually handicapped are in the best position to remind our colleagues that the concept of mainstreaming dates back many years. Perhaps the best way for us to attempt to develop a concept of this word is to spend some time briefly retracing the history of mainstreaming visually-handicapped students in the United States.

Mainstreaming the Visually Handicapped: 1900-1955

Although this period of time is long, it is appropriate to consider the 55 year span as one subtopic in exploring the concept of mainstreaming visually-handicapped children. As almost every educator of the visually handicapped is aware, the first class for blind children, established in a public day school in the United States, began

in 1900 in Chicago. There were renowned educators of the blind prior to 1900 who advocated the placement of blind students in public schools. Their philosophy and recommendations went unheeded until three men, John B. Curtis, Edward J. Nolan, and Frank H. Hall, approached the Chicago Board of Education with the suggestion that blind children be placed in regular schools, rather than constructing a new building for a residential school.

A number of other cities followed Chicago in the early 1900's in providing opportunities for blind children to attend local schools with the assistance of specialized teachers. This early period of the development of alternatives to residental school placement experienced gradual growth until 1951. The impetus for this early development of "mainstreaming" of blind children is credited largely to the early philosophy of Samuel Gridley Howe and to Robert B. Erwin. Much later other influential leaders were to expand and put better into practice the philosophic position of these two early leaders in the education of blind in the United States. As early as 1915, approximately 10% of all blind children attending school in the United States were being educated in public day schools whereas the other 90% attended residential school.

Why a plateau occurred around 1915 in the development of these programs has not been documented specifically in the literature. However, it may be that the low incidence of blindness among children, necessitating a heavy population concentration in order to economically justify the development of local day school programs, inhibited additional expansion after a number of urban areas established such programs.

Although there is some documentation in the literature of these early efforts in placement of blind children in regular classrooms (Frampton and Kearny, 1953, Lowenfeld, 1975) there is little information about the period from 1915 to 1955. Frampton and Kearny, in their publication The Residential School, published in 1953, list 35 public school programs existing in the United States as of September 1, 1952 (Pp. 149 to 154). In 1950, registration of blind children through the American Printing House for the Blind indicated that 12% of blind students attending school were enrolled in day school programs whereas 88% continued to be enrolled in residential schools. Hence, there was not a significant change in the percentage of children attending local day school programs, between 1915 and 1950.

This era (1900-1955) must be included in any exploration of the history of mainstreaming visually-handicapped students since it represents a dramatic pioneering effort in special education that predates, by many decades, efforts to mainstream other handicapped students.

1955 to 1970: A Period of Rapid Expansion and Growth

The period from 1955 through 1970 could well be described as

the retrolental fibroplasia era. This cause of blindness in children need not be described in detail since it is well known by all professionals in education and rehabilitation of the visually handicapped. Suffice to say that beginning around 1955, a population of congenitally blind children, that far exceeded previous numbers, reached school age. It was obvious to all concerned with the education of these children that existing facilities and schools for the blind could not accommodate this dramatic increase in the number of school-age blind children.

Although much of the credit for a rapid expansion of public day school programs for visually-handicapped students during this era is given to aggressive, articulate parents who fought for local services for their children, it must also be recognized that there were dynamic leaders within the profession of education of the visually handicapped who were influential. Kay Gruber and Georgie Lee Abel then with the American Foundation for the Blind, George Meyer followed by Josephine Taylor at the New Jersey Commission for the Blind, and Berthold Lowenfeld and Florence Henderson in California come to mind as individuals who helped creatively and aggressively to shape the future of education for all visually-handicapped children in the United States.

The American Foundation for the Blind published two booklets that represented the thinking of both professionals and parents during this era. The Pine Brook Report was developed out of a national work session on the education of the blind with the sighted and was first published in 1954. A representative group of professionals then involved in public day school education of the blind gathered at Pine Brook Camp, Upper Saranac Lake, New York, August 24-28, 1953, and produced a document that is considered by many to be as current and relevant today as it was when it was written. They began their publication with a quote from a paper written by George F. Meyer entitled "Some Advantages Offered Children in Day School Classes for the Blind in the Public Schools:"

> "The education of blind with sighted children in public and private schools is predicated upon the basic philosophy that all children have a right to remain with their families and in their communities during the course of their education; that a blind child has a right to be counted as one of the children of the family and of the community; and that both the family and the community have an obligation to provide for the blind child as a minimum the equivalent of what he might have had if sighted." (p. 13)

The article from which this quotation is excerpted was written in March 1929, which may come as a surprise to some of our colleagues in special education who view current mainstreaming concepts as new and innovative. Perhaps the greatest contribution of The Pine Brook Report was that it defined service delivery systems that were widely used to put into practice the philosophy of blind children attending local day

schools. Three plans were defined succinctly in The Pine Brook Report.

The cooperative plan

This plan is one in which the blind child is enrolled with a teacher of blind children in a special room from which he goes to the regular classroom for a portion of his school day. In this plan the special room becomes his homeroom from which his program stems in cooperation with the regular classroom teacher.

The integrated plan

This plan is one in which the blind child is enrolled in the regular classroom. Available to him and to his regular teachers is a full-time qualified teacher of blind children and also a resource room. The regular teachers turn to the teacher of blind children for assistance in planning the child's program, for guidance in adapting the classroom procedures, and for providing, as necessary, specialized instruction appropriate to the blind child's needs.

The itinerant teacher plan

This plan is one in which the blind child is enrolled in the regular class in his home school where his needs are met through the cooperative efforts of the regular teacher and those of the itinerant teacher qualified to offer this special service. These definitions were developed more than 25 years ago by a group of creative, imaginative, professionals in education of the blind and are still used today to describe service delivery systems existing to enhance the placement of blind children in regular classes. (p. 16)

In 1959, The American Foundation for the Blind published a second pamphlet entitled Concerning the Education of Blind Children compiled by Georgie Lee Abel, then the consultant in education with the Foundation. This second publication consisted of a set of papers that describe an emerging role for residential schools (written by Berthold Lowenfeld) and the various models developed in public day schools (written by Clarice E. Manshardt, Josephine Taylor and Georgie Lee Abel). As with The Pine Brook Report, this second publication quickly became an important document as parents, school districts, and professionals in education of the blind expanded efforts to provide services for blind children in local day school classes.

I began my professional career as an educator of blind children in 1957 and can well remember the enthusiasm that my colleagues and I had as we considered ourselves pioneers in the beginning of a new educational era for blind children. Throughout the balance of this paper, much of what is presented will be biased and personal since there is little literature between 1955 and 1980 that I consider comprehensive and definitive regarding the continued growth and development of mainstreaming programs for visually-handicapped students.

In 1957 I was employed as a resource teacher for blind children in the Berkeley Unified School District. I replaced a well-known, nationally recognized teacher by the name of Jeanne Kenmore. During my first year as a resource teacher (see previous definition of "The Integrated Plan") I served 16 functionally-blind children in a small elementary school in an upper-middle-class neighborhood in Berkeley, California. Not all these children resided within the city of Berkeley. The school district had reciprocal agreements with neighboring districts that resulted in blind children from as far away as 30 miles riding in taxicabs to attend the school where I taught. Thus, Berkeley became a regional program for education of blind children whereas neighboring school districts served Berkeley's hearing impaired and orthopedically handicapped.

I was often asked during those first few years of teaching how I would describe my role as a resource teacher for blind children. Having just completed a teacher-preparation program with Florence Henderson at San Francisco State College, I was well-versed in the 1950's philosophy of public day school placement of blind children. At that time I described my role as follows:

1. I served as a support person to the classroom teacher of each blind child. These blind children were literally carried on the roll and considered members of regular classrooms and I defined my relationship to them as supplementary. This role with regular classroom teachers encompassed supplementing academic instruction, serving as a braille transcriber and making certain that each blind child had appropriate materials and equipment in order to experience every learning activity in the regular classroom along with his or her sighted peers.

2. My responsibilities included making certain that children had enough exposure to the mechanics of learning (i.e. beginning at the top of the braille page, finding the beginning of the first line, and moving the fingers from left to right across the braille line, so that the child could function efficiently and effectively in a regular classroom.

3. My specific, specialized teaching responsibilities included some braille reading instruction, introduction to the use of the braille writer and the slate and stylus and the teaching of typing.

As I look back on this brief and unsatisfactory definition of my job, I cannot help but think that many of the blind students placed in public day school classrooms during the 1950's and early 1960's survived and thrived, not because of my efforts, but despite my shortcomings. My early professional years were indeed exciting. We were involved in what we considered a new and innovative era in the education of blind children, despite the fact that the movement

of which we were so proud had its origins in 1900.

There are certain other aspects of these early programs that I believe are important to remember. One aspect is that the school district for which I worked carefully selected the blind children who would be enrolled at the school where I taught so that the probability of success in academic mainstreaming would be high. Children with apparent developmental delays, children who were experientially delayed, and children with even mild additional handicaps, were screened out carefully. At one time, I recall reviewing the records of applicants to the day school program in Berkeley and discovering that, insofar as I could determine, there were 28 blind children with Alameda County between the ages of 6 and 10 who were not in school. They did not meet the criteria for admission to the program in which I participated.

The level of enthusiasm among administrators, regular classroom teachers and the community was high. I recall our school being contacted on numerous occasions with requests from service organizations to give presentations. More often than not the principal of my school accepted these invitations and gave the presentations. In contrast, in recent years, I have not observed the same level of commitment and enthusiasm from public school administrators.

I have often been asked in recent years how many regular classroom teachers either refused to accept the blind child or obviously had problems of acceptance of the child in their classrooms. I responded that no teacher with whom I worked, between they years 1957 and 1962, ever refused to accept a blind child nor did any of them react with anything less than enthusiasm at the prospect of having a blind child in his/her regular classroom. No teacher ever requested a reduction in class size because of the presence of the blind child and no teacher provided anything less than a wholesome, accepting attitude within the classroom. Of course, there might be some relationship between these attitudes and the careful selection of blind children who participated in the program.

I defined my role carefully with respect to the classroom teacher. My responsibility was to make certain that the blind child in the regular classroom had all the materials and equipment at the right time and that he or she had the skills to use them. I vividly recall explaining to others that if the blind child was not succeeding in the regular classroom it was not the responsibility of the regular classroom teacher, it was mine. However, if the blind child was doing well in the regular classroom, the classroom teacher deserved the credit. Therefore, I was prepared to assume all of the blame and none of the credit.

The success of the day school programs of which I was aware during the late 1950's and 1960's was determined by the number of minutes blind children spent in regular classrooms as compared with the number of minutes the blind child needed to spend with the teacher

of the visually handicapped. Once again, I recall saying to my colleagues that among the sixteen children with whom I worked, none spent more than ½ hour each day in the resource room and the rest of the time was spent in the regular classroom. When I consider this attitude regarding our day school programs in that era, I experience a strong feeling of deja vu since current mainstreaming efforts seem to be using the same criteria for success.

I am aware of the fact that there were many philosophic differences of opinion during this era with respect to residential school and public day school placement. However, my own parochial experience protected me from much of that controversy. In California, Berthold Lowenfeld, then the Superintendent for the California School for the Blind, and Florence Henderson, a pioneer in teacher preparation in Education of the Blind at San Francisco State College, were the leading professional advocates of day school placement and their efforts assured cooperation between the residental school and local day school as the numbers of blind children attending regular classrooms in their home communities increased dramatically. To be sure, there were individual positions taken by teachers in the residential school and in the public school, but I never experienced the competition and the difficult transitional time that I know occurred, and perhaps may still be occurring, in other states.

With some exceptions, certain patterns regarding service delivery systems were prevalent during this era. For blind children resource programs-The Integrative Plan-were largely used, probably based on the assumption that the blind children would benefit from an "in-house" special teacher who would be available to meet spontaneous needs throughout the school day. During the latter part of the decade of the 60's many resource programs, particularly those in suburban and rural areas were reorganized into itinerant programs. While some may believe that this was a philosophic move, I believe it was primarily due to the dramatic decline in blind students as the retrolental fibroplasia population began graduating from high school, and school districts found themselves with rapidly decreasing numbers of identified children in need of service. These districts began identifying low vision children whom they thought could be more appropriately served by itinerant programs. Whether this was a desirable transition will be explored later.

During this era and the preceding one, the needs of partially seeing children were not totally ignored, although the development of services for the partially seeing did not experience the dramatic growth that services for blind children did. Many of the pioneering efforts in Education of Partially Seeing Children were accomplished through the use of The Itinerant Plan and one must assume that the rationale for this distinction in service delivery systems between the partially seeing and the blind was primarily based on an attitude regarding the need for intensive services. Because of this difference in service delivery systems, educational programs in local communities often divided partially seeing children and blind children for

programmatic purposes. This practice is almost non-existent today.

Certain "model programs" developed and were refined during this era. The New Jersey Itinerant Plan that benefited from the dynamic leadership of first George Meyer and later Josephine Taylor, served as a national model for the initiation of itinerant models. (See Concerning the Education of Blind Children, pp. 43-48.)

In summary, the years 1955 until 1970 can roughly be described as the most dramatic period of time in the history of education of blind children in the United States. It was primarily the result of a sizable population of blind children that mainstreaming became a valid, legitimate approach for the education of these children. Even in the early years of this era these efforts were never considered "experimental." They were viewed by those involved as being legitimate, appropriate, and established successful methods for the education of blind children.

By 1960 the percentage of legally-blind children enrolled in day school programs, as reported to the American Printing House for the Blind, increased to 53%. By 1972 this had grown to 68.5%. And, toward the end of this era many of the old arguments about whether day schools or residential schools were the most appropriate places for the education of blind children were rapidly dying out. It was an exciting time in which to be involved in the education of the visually handicapped. Many of our current leaders in education began their professional careers during this time and the philosophy and attitude as expressed in The Pine Brook Report and in Concerning the Education of Blind Children continue to be the basis on which we implement our educational services today.

What does all of this have to do with a concept of mainstreaming? The concept for our profession had its origin in the 19th century as expressed in the philosophic positions of some of our early leaders. The concept of placement of visually-handicapped children in regular classrooms can be summarized in one statement. Given the appropriate skills and materials, and given appropriate developmental and experiential level, there is no reason why the visually-handicapped child cannot learn, grow, and develop in the setting of a regular classroom with sighted contemporaries. The legacy left by former educators, parents, and other professionals to current educators of the visually handicapped is impressive. We today are the recipients of philosophy and practice that began many years ago and that predate current mainstreaming efforts by several decades. It must be assumed, then, that with our historical knowledge of the concepts and practice of mainstreaming, we have learned something, particularly within the last 25 years.

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Frampton, Merle E., and Kearney, Ellen. The Residential School. New York: Institute for the Education of the Blind, 1953.

Lowenfeld, Berthold. The Changing Status of the Blind. Springfield, Ill.: Charles C. Thomas, 1975.

Abel, Georgia Lee. Concerning the Education of Blind Children. New York: American Foundation for the Blind, 1959.

American Foundation for the Blind. The Pine Brook Report. New York: American Foundation for the Blind, 1954.

The lead article by Hatlen has provided a historical perspective of "mainstreaming" with particular reference to the United States. However, Canada is a partner with the United States in the American Association of Workers for the Blind and salutary steps are being taken to make that partnership coequal. Canada differs from the United States in that the major thrust for dealing with visual impairment is through one organization, The Canadian National Institute for the Blind (CNIB). That responsibility is shared by a number of organizations in the United States. Thus, one may expect that the problems and procedures associated with mainstreaming may be somewhat different. The article by Thurman that follows presents mainstreaming from the viewpoint of Canada.

MAINSTREAMING: A CANADIAN POINT OF VIEW

by

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Introduction

Mainstreaming, the placement of blind and visually-limited students in public schools, is a fact of life in Canada. It occurs in all provinces, from the major metropolitan centres to some of the smallest and more isolated communities. It occurs at all grade and ability levels and is accomplished through a variety of service models. Although it has received more publicity in the past decade, this concept is not new. Several provinces have never had residential schools. During the last half of the 1970's a vigorous movement has begun to ensure the right of as many visually-impaired children as possible to education in the public sector.

Although mainstreaming in Canada appears on the surface to be much like that in the United States, one major difference must be noted from the outset. The British North America Act of 1867 (Canada's Constitution) states in Article 93:

> In and for each Province the Legislature may exclusively make laws in relation to education...

Stated simply, this gives the power to set educational requirements and procedures exclusively to each province. Although both Canada and the United States rigorously guard the concept of local authority over education, Canada has stayed away from Federal

intervention in educational matters. There is no equivalent of the U.S. Department of Education, nor is there anything similar to Public Law 94-142 at the Federal level in Canada. Thus, it follows that educational patterns will vary from region to region.

The advantages and disadvantages of such a policy are readily apparent. Probably the major drawback Canadian educators face is the lack of matching funds from Ottawa. This factor does influence the development of services, given the regional economic disparity evident in the country. However, it does permit each region to develop services that are truly locally controlled and fit comfortably into the educational and political systems of each province. As is well known, there are definite proposals for change to the British North America Act. However, it is almost inconceivable that Canadians would ever surrender the right of provincial control over education.

A second factor must be considered at the outset, namely that the realities of Canadian life are different. Canada is a huge geographical area with only roughly 11% of the population of the United States. In addition, Canada has two official languages, English and French, with numerous ethnic groups in each region that closely maintain their European or Asian heritage. From the Scots of Nova Scotia and the Acadians of the Maritimes to the French of Quebec and the Ukranians of the prairies, there is constant demand that children receive an education that will preserve their identity and family ties. Unlike the "melting pot" of the United States, Canada has an officially stated policy of multiculturalism.

Geography is also important to consider from the beginning of this discussion. Although over 50% of all Canadians live in major urban centres, many still live in smaller rural communities whereas others live in more isolated communities, particularly in the North. This diversity and distance also have an effect on the type of service offered to all children, including those with visual handicaps. Being a northern country, service can also be influenced by weather conditions that range from moderate to severe. Although Canadians are justifiably proud of their superb transportation system, providing services to visually-impaired children in isolated communities is often difficult at the best.

Given the above considerations, it should not be too surprising to find services to handicapped children to be of a somewhat different structure than that in the United States. Essentially, the service models are different while, hopefully, the content and quality of service is maintained at a high level. In point of fact, some of the methods derived in Canada may be of interest to those in the larger, more rural parts of the United States, as well as in the cities.

The professional literature concerning mainstreaming and the visually impaired is relatively sparse. This is the result of two factors, the first, almost all professional magazines in the field are American. Certainly, Canadian articles do appear in Education of

the Visually Handicapped and Exceptional Children. However, there are no journals that deal exclusively with the visually impaired in Canada. This is function of the smaller population and the distance between various universities and centres involved in the mainstreaming process.

A second reason for this lack of extensive professional literature is the absence of a central research facility for the visually impaired in Canada. Lacking Federal monies and guidelines, the knowledge generated by mainstreaming in each province remains largely in that province. This is unfortunate because Canadians tend to know more about what is happening in certain sections of the United States than what is happening here. We have all gained immeasurably from contacts in the United States, but we could now gain from knowing more about each other.

One of the most succinct articles published in Canada on the topic of mainstreaming was that by Rogow of the University of British Columbia. This article states the general consensus of Canadian educators:

> "It is neither economically sound nor educationally feasible to thrust all responsibility for the education of the blind on residential schools, which in Canada still function independently of the school districts in which they are located. Decentralization and shared responsibility are necessary to make maximum use of sparse and expensive resources for blind children and still meet the educational needs of blind students. We can no longer be content with administrative and organizational policies that isolate the blind... ....A partnership between residential and public school needs to be developed."[1]

This "partnership" is now a reality for most parts of Canada, even for those regions that have never had residential schools within their respective provinces. Additional articles from Rogow,[2] J.G. Murray,[3] and Thurman and MacCuspie[4,5] discuss various procedures and methods used to mainstream in different parts of Canada.

Purpose

The purpose of this paper is twofold. The first section gives a detailed description of services provided in each region. An attempt has been made to outline the political foundation on which mainstreaming exists in the various provinces. This description includes a breakdown of the number of students receiving services at each level both for visually impaired and multihandicapped visually-impaired (MHVI) as well. For this purpose a questionnaire has been completed by the responsible authorities in each region. As is to be expected, these numbers should indicate general trends, not absolute statement as to the placement of every visually-impaired or multihandicapped visually-impaired child in Canada. Deriving such exact

statistics is beyond the scope of this article and probably the ability of the author. Therefore, the use of the following statistics should be made advisedly. Although the numbers have been faithfully reported, any errors are those of the author.

The final section of this paper lists and discusses areas that most need development in the coming decade. There are serious shortcomings Canada must face if the goal of mainstreaming is to be most successfully met. Hopefully, this section will lead to further discussion that will meet even more effectively the needs of visually-impaired and multihandicapped visually-impaired children in the public schools of the nation.

Mainstreaming in Canada

Atlantic Canada

The four provinces of Atlantic Canada, Newfoundland, Nova Scotia, Prince Edward Island, and New Brunswick are among the oldest in Canada. Composed of two islands in addition to the mainland areas, Atlantic Canada is dominated by the ocean. Economically, the region depends upon the sea, forestry and commerce as well as agricultural pursuits. Ethnically, the region is varied with large populations of French-speaking people in New Brunswick and Nova Scotia. Although Newfoundland is the oldest part of Canada, it did not join Confederation until 1949. Thus, a long tradition of independence and self-reliance is most evident.

Historically, visually-impaired children have received services at the Sir Frederick Fraser School-formerly the Halifax School for the Blind-in Nova Scotia. Begun in 1871, students from all four provinces have been served in a traditional setting for over a hundred years. Beginning in the middle 1970's, services to the visually-impaired have undergone radical changes-changes that are mirrored in the transformation of the "School for the Blind" to the Atlantic Provinces Resource Centre for the Visually Impaired.

Dr. David Kendall, from the University of British Columbia, was asked to evaluate services to the visual and hearing impaired in Atlantic Canada. The Kendall Report, in part, has become the cornerstone for updating services to the visually-impaired. As a direct result, the four provinces formed the Atlantic Provinces Special Education Authority (APSEA) that controls the Sir Frederick Fraser School as a resource centre for all of the visually-impaired of school age in Atlantic Canada.

Table 1 shows the placement of all visually-impaired children known in Atlantic Canada at the time of Kendall's study in 1980. As can be seen 92 received services at the Resource Centre in Halifax whereas 335 received services in local public schools throughout the region.

Table 1

Placement of visually-impaired and multihandicapped visually-impaired in Atlantic Canada

	Resource Centre	Public Schools
Pre-School	-	32
Elementary	35	115
Secondary	41	103
Vocational	1	8
Multihandicapped	15	77
Total	92	335

This clearly shows the commitment of Atlantic Canada to the mainstreaming concept. Of the 427 visually-impaired children known in the region as of June 1980, a full 78% receive services in the public-school setting.

Table 2 shows the breakdown of consultant/itinerant services according to intensity of services to public schools. Since not all students receive, or need, the same level of services, it will be noted there are differing amounts of contact and support available.

Table 2

Distribution by time of consultant/itinerant services available in Atlantic Canada

	1 or more hours/week	1 hour/week; 2 hours/month	less than 1 hour/month
Pre-School	18	-	1
Elementary	47	5	84
Secondary	32	4	80
Vocational	1	-	8
Multihandicapped	20	-	35
Total	118	9	208

In general, those students receiving one or more hours of service per week are served by an itinerant teacher living in the immediate area. This teacher is directly employed by the Sir Frederick Fraser School and receives the necessary support, such as materials and aids, from Halifax. Ten such teachers are available in the provinces of Nova Scotia, Prince Edward Island and New Brunswick. In New Brunswick, services are provided in both languages.

Many students receive tutorial support from 1 to 5 hours per week. In 1979-80, the number of tutors provided accounted for an additional four full-time professionals. However, this will be doubled during the 1980-81 school year.

Those students receiving less than one hour of services per month are, by and large, receiving services from a consultant only. In many cases, these students are doing quite well in public school by themselves; many were there even before such services were available. Three such consultants are available, again with services provided in both languages. Table 3 shows the number of professionals, full and part-time, available in the appropriate categories.

Table 3

Professionals available as support to VI/MHVI in public school

Category	Fulltime	Parttime
1. Consultants	3	1
2. Itinerants	10	-
3. Teachers for Special Classes for V.I.	-	-
4. Mobility Specialists		1
5. Home Economic Consultants		1
6. Physical Education Consultants		1
7. Vocational Guidance		1
8. Low Vision Consultant	1 (available from CNIB)	
9. Pre-School Consultant	1 (available September, 1980)	
	2 (available from CNIB)	

Plans for the next few years call for the further development of services to the provinces from the resource centre. Among the areas being developed are these:

1. Improved services for Braille transcription.
   To this end the centre has recently purchased a computerized Braille system which will be producing books by September, 1980. With the increased number of Braille users in public school, only such a system will adequately meet this demand.

2. Continued development of itinerant services.
   Without the itinerant teacher providing direct service to the visually-impaired, mainstreaming will not be successful. The ultimate goal is approximately 20 such teachers with additional development of consultant services in specialty areas.

3. The construction of a new resource centre in Halifax.
The Sir Frederick Fraser School has always been at the centre of the education of the visually-impaired and is an integral part of the future. The new facility will enable enhanced programming for the multihandicapped as well as the visually impaired. As can be imagined, a building that dates to the late 19th Century has serious limitations.

Quebec

The largest province in Canada in geographical terms is Quebec. The majority of people are Francophone-French speaking-with a sizeable Anglophone minority centred around Montreal. The economy is highly diversified with agriculture, forestry, mining and manufacturing centres all found within the boundaries of Quebec.

A complete description of services available to the visually-impaired and multihandicapped is beyond the scope of this discussion. However, it is clear that mainstreaming is a policy adopted officially by the Ministry of Education of the province. Although itinerant services are not yet available in the outer regions of Quebec, there has been a growing movement to provide services to this population in home areas.

A. Montreal and surrounding areas
Services to visually-impaired in greater Montreal are quite extensive. Two residential schools are available for children from the greater Montreal area and from other parts of the province. Both of these schools are involved in mainstreaming as resource centres and direct intervention into public-school programs is also part of their responsibility.

1) Montreal Association for the Blind

The Montreal Association for the Blind is the oldest residential facility for the blind in Canada having begun service during the middle of the past century. The Association has a scope of service beyond those of the traditional role of the residential school. Service is available in both official languages, although English is the principal language of the school.

a) On campus, 27 visually-impaired children receive education at the E. Philip Layton School for the Blind, a subsidiary of the Association. Eighteen of these children are residents coming from areas of the province too distant to allow day programming.

b) On campus programs also include programming in rehabilitation services, orientation and mobility training and an extensive low vision service is available.

c) The Dr. Wilder Penfield Program, located on campus at the

Association, provides services for older multihandicapped visually-impaired students. This clientele, beginning at age 18, receive programs that combine remedial activities with those of a rehabilitation nature.

d) The Association conducts an itinerant system for the greater Montreal area. At present 26 elementary and 13 secondary visually-impaired children receive support from 4 itinerant teachers from the Association. Plans call for enrolling 11 additional students in public schools in the coming school year. By September 1980, 50 visually-impaired children in the public schools of Montreal will be receiving itinerant support from the Association.

e) One of the most exciting recent developments in recent years is the Early Childhood Intervention Program conducted by the Association in the surrounding metropolitan area. Under the supervision of a preschool coordinator, using personnel from the disciplines of orientation and mobility, occupational therapy and social work, the intervention program is reaching 27 children, ages 4-5. The purpose of this program is to provide as many requisite skills as possible to prepare these children to enter regular public school programs.

2) Institute Louis Braille-Nazareth

Combining two schools for the blind into one administrative structure, the Louis Braille School provides services both residentially, and through itinerants, to the Francophone population of greater Montreal.

a) On campus, residential and day services are provided to:

Pre-school (0-5 years)	24
Elementary (Grades 1-6)	50
Secondary (Grades 7-12)	50
	124

Not all these children remain in residence. Many go home at night or on weekends as they come from nearby areas. Only 65 of the 124 are in fulltime residence. This number includes 31 children classified as multihandicapped by the school.

b) Itinerant and Consultant services are available in greater Montreal with two consultants and three itinerants available to support 32 visually-impaired children in public schools. Thirty of these children receive the maximal level of service with support in excess of one hour per week available to each.

c) The province of Quebec, through the Louis Braille-Nazareth School, provides support for all visually-impaired through the Aids Electronic, Ocular and Mechanical program. Optacons,

electronic enlargement aids, tape recorders, Speech Plus calculators and others are available for all students who can show need. It is hoped this service will further enhance the chances of the visually-impaired in public schools.

d) The School operates a special program for the multihandicapped in Hull, Quebec which provides residential and educational services.

B. Quebec City

The second largest metropolitan area in the province, Quebec City, is the capital of Quebec. Services to the visually-impaired are centred around the school at Chateaugay with children from all parts of Eastern Quebec receiving education here. Being part of the public school system, residential services are not provided directly. Children who cannot return home at the end of the day are housed with local residents or where applicable, in foster homes. At present, 44 students receive their secondary education through this system with a like number being served by the St. Vincent Elementary School in Quebec City. Multihandicapped students receive services through the Centre Louis Hebert; an attempt to provide services to the multihandicapped is being conducted by Louis Hebert in the city of Trois Riviere.

C. Additional Programs

Although, as previously mentioned, it is impossible to discuss completely all programs in Quebec, special mention should be made of the programs conducted by the Commission Scolaire (School Board) of Chambly, Quebec. Its support includes intervention programs for the blind in Grades 1 to 3, developmental programs for handicapped children in language, math and social maturity as well as continuation service to handicapped young adults (16-21 years of age) with the purpose of optional adaption to social and cognitive development needs.

A study, conducted by the Montreal Association for the Blind, has just been completed by the Ministry of Education. This report outlines all services available to the blind in the province with specific recommendations for the improvements of these services. Copies are available from the Association as of September 1, 1980.

Ontario

In Ontario, there is no one central agency responsible for providing services to the visually handicapped of the province. Basically, the W. Ross MacDonald School serves resident and braille students throughout the province. The major exception to this is a program conducted in metropolitan Toronto. The responsibility for serving those visually-impaired able to use print are the responsibility of the local Boards of Education; the MacDonald School then serves as a provincial resource center with support available upon request. Although the CNIB, along with the MacDonald School, are available to consult, the responsibility for coordination of specific programs remains with the local Board.

Table 4 shows the placement of visually-impaired students in Ontario. The 440 children placed in public schools comprise 68% of all known visually-impaired within the province.

Table 4

Placement of Visually-Impaired Children in Ontario

	W. Ross MacDonald	Public Schools
Preschool	-	-
Elementary (Primary-Grade 6)	77	223
Secondary (Grades 7-13)	109	208
Vocational	-	-
Other		
- TMR classes	-	9
- Deaf/Blind	42	-
Total	228	440

Table 5 shows the breakdown of consultant/itinerant services according to intensity of services to public-school children. Again, as in the case of Atlantic Canada, not all students receive, or need, the same level of services.

Table 5

Distribution by time of consultant/itinerant services available in Ontario

	1 or more hours/week	1 hour/week 2 hours/month	less than 1 hour/month
Preschool	-	-	-
Elementary	20	203	-
Secondary	-	208	-
Vocational	-	-	-
Other			
- TMR classes	-	9	-
Total	20	420	-

The W. Ross MacDonald School is also responsible for a major program serving multihandicapped children. In addition to the 42 children in the deaf-blind program, 48 elementary and 52 secondary students receive education on campus. It should also be noted that the MacDonald School serves children from many other provinces. Students come from all Western provinces and, in the past, have come from the Northwest Territories and the Yukon. This is a valuable service to those areas where residential service is not available.

The Prairie Provinces (Manitoba, Saskatchewan and Alberta)

These three very large provinces rely primarily on agriculture, although there are diversified economies around the large cities of Winnipeg, Calgary and Edmonton. Mining and petroleum production are also important to this region's development. Although most citizens are of Anglo-Saxon origin, there are larger minority populations of native peoples and those of Eastern European origin, particularly Ukranian. Smaller enclaves of French-speaking communities are found in some areas.

Residential schools and programs specifically for the visually impaired are not available in any of the three provinces. If residential services are indicated they are purchased out-of-province, primarily at the W. Ross MacDonald School in Ontario. These services are provided at government expense.

Mainstreaming is the official policy of all three provinces. Very few children are sent out-of-province with the majority of these falling into the category of multihandicapped. A description of services in each province follows:

A. Manitoba

Unfortunately, exact statistics are not available as of this writing. Mainstreaming is the policy of the Department of Education and services are in place in Winnipeg and other areas of the province.

B. Saskatchewan

One hundred and twenty-five children receive services in the public schools of Saskatchewan. Appropriate programs are available at the following levels:

1) Preschool (0-5 years)	12
2) Elementary (Primary-Grade 6)	65
3) Secondary (Grades 7-12)	48
Total	125

Direct itinerant/consultant service is provided only at the level of one or more hours per week to public-school programs. The number of children so served are:

1) Preschool (0-5 years)	5
2) Elementary (Primary-Grade 6)	30
3) Secondary (Grades 7-12)	14
Total	49

It must be noted that this number indicates only those children receiving services from the province. As local school districts are responsible for the education of all children, the remainder receive support from local authorities.

Services provided include numerous specialists as support to public school programs. Only the consultant is provided directly by the province, all other professionals are locally employed.

Table 6 shows the amount of support available to public schools.

Table 6

Professional Support available in Saskatchewan

1)	Consultants	1 full time
2)	Itinerants	4 full time
		8 part time
3)	Mobility	3 full time*
4)	Vocational Guidance	2 full time*
5)	Low Vision Consultants	2 full time*
6)	Teacher Aides	5 full time

*Provided in conjunction with local office of CNIB

Home Economics and Physical Education consultants are available locally or regionally, but are not specifically attached to programs for the visually-impaired.

Services to the multihandicapped population of 33 are provided in different ways. Thirteen are in residential programs, including 9 at the Valley View Centre. The remaining 20 receive education in the public-school setting through developmental centres throughout Saskatchewan. Consultant services are available to these centers for multihandicapped Children.

C. Alberta

Education of the visually-impaired and multihandicapped has a definite local flavor. Some of the more well-established programs available in the province are shown in Table 7.

Table 7

Integrated Programs in Alberta

	Number of children served
1) Calgary Board of Education	
a) 2 classes for the visually-impaired with emphasis upon integration	8
b) 3½ itinerant teachers for elementary and secondary students	36
2) Calgary Separate School Board	
a) 1 itinerant teacher	14
3) Edmonton Public School Board	
a) 3 classes for the visually-impaired with some integration	13
4) Edmonton Separate School Board	
a) 1 itinerant teacher for elementary and secondary students	17
5) Lethbridge Public School Board	
a) 1 class for the visually-impaired	3
b) ½ itinerant teacher	unknown
Total	91 (plus)

Approximately forty other children in Calgary and Edmonton public schools but are not receiving special support from services available.

Eight children are receiving services out-of-province as of school year 1979-80. All these children are in various programs at the W. Ross MacDonald School in Ontario.

Approximately 125 other visually-impaired children are receiving services from local authorities, although more detailed statistics are not available at the present time. However, it is clear that other itinerant and public-school programs are available in other parts of the province. Service to multihandicapped is provided through local arrangements. With many programs being scattered throughout the province.

All visually-impaired and multihandicapped children can draw upon The Special Education Materials Resource Centre in Edmonton. Materials are available in braille, large print and various types of sound recordings. The Centre provides an extensive interlibrary loan system as well as professional reference material.

British Columbia

The province of British Columbia has made the most dramatic statement in Canada on mainstreaming the visually-impaired. In 1978, after a few years in a phase-out procedure, the Ministry closed the Jericho Hill School for the Blind, a residential facility that had traditionally served the visually-impaired of British Columbia and other western provinces. The facility is now used as a resource centre providing aids, appliances and materials for the former population now enrolled in public schools throughout the province.

The most recent count indicates that 350 visually-impaired children are receiving services by the province with only 5, all deaf-blind children, in a residential setting. Service for these five children is provided, at government expense, by the W. Ross MacDonald School in Brantford, Ontario.

Two basic models of service delivery are available. Five resource rooms, with special teachers, are established in selected locations around British Columbia. The purpose of these special services is to support the public-school child and are not used extensively as segregated classrooms. Through them, the child receives special instruction such as Braille or mobility and various other adaptive measures.

The most prevalent model of service delivery is the itinerant teacher system. As of September, 1980, 23 fulltime and 2 parttime itinerants are available throughout the province. In addition, two fulltime itinerant mobility specialists are available on a contract basis to local school districts.

Both types of service systems have allowed over 90% of the reported population to be educated in regular public school programs. The Ministry has adopted the view that the education of the visually-impaired is the responsibility of local school districts as in the education of nonhandicapped children. To this end, the Ministry has stated that special educational programs should be made available to public-school visually-impaired children. These programs include adaptive curriculum needs such as Braille, abacus, orientation and mobility and typing. It is recommended that a variety of options be made available by local authorities including regular class placement with support from an itinerant teacher or teacher aide, a resource room or special class placement.

The Northwest Territories and Yukon

Covering vast geographical distances with extremely sparse

populations, both the Northwest Territories and the Yukon supply services for the visually-impaired through the same service modes as those used for all handicapped children. The environmental conditions are incredibly demanding and, as a result, there are no consultants or itinerants available specifically for the visually-impaired or blind.

If special services beyond those provided by the territorial Departments of Education are required, children are placed in various provinces to the south. For example, seven children and adults from the Northwest Territories receive services in the provinces, according to the 1977 Department of Health survey. During the 1979-80 school year, two visually-impaired children received education in the city of Edmonton, Alberta.

Education in both of these regions is under Federal jurisdiction, unlike the rest of Canada. At this point in time, it is unclear what the extent of needs actually is and how best to provide these services. Hopefully, the decade of the 1980's will see the growth and development of services to both of these unique areas.

Additional services

The above discussion has indicated the regional or provincial development of services to mainstreamed visually-impaired children across Canada. As noted at the outset, education is strictly a provincial matter with minimal Federal influence. This, however, is not to say that there are not national services available to the visually impaired. Any discussion of the education of the visually impaired would be lacking if note were not taken of the following:

A) Canadian National Institute for the Blind (CNIB)

The CNIB is a truly remarkable orginization founded after World War I by Colonel Baker. The CNIB presently has offices in all major cities and most smaller ones throughout Canada. The purpose of this organization is to provide support for the visually impaired from "cradle to the grave". Although not a complete list of services provided, those aspects of the CNIB which most directly effect the school-age visually impaired are:

(1) Home Contact. In many cases the CNIB field worker is the first link parents of a visually impaired child have with the special services to which they are entitled. This is true for both CNIB and governmental services alike. The CNIB plays a continuing role in the life of the child for years to come; even after completing his/her education through vocational selection.

(2) Preschool Consultants.

The preschool workers provide direct family support and developmental materials to prepare children for formal education. The philosophy here is that visually-impaired children need

special preparation if they are to cope successfully with the demands of public or residential education. The success many children experience is traceable to the early intervention of the preschool consultant.

(3) Low Vision and Eye Care Consultants.

Responsible for the use of low-vision aids and increased individual knowledge of eye conditions, these consultants play a valuable role in the determination of specific aids or appliances that further enhance the chances of a visually-impaired child being successful in public school.

(4) Rehabilitation Services.

The CNIB provides extensive rehabilitation services throughout Canada. This service is available in each province through the regional office or at the A.V. Weir Centre in Toronto, depending on individual needs. The Adjustment to Blindness course has aided many visually-impaired young adults to complete secondary, vocational, technical or university programs by providing requisite academic or personal skills on an individual basis.

(5) Library Services.

The CNIB provides the most extensive national library program for the visually impaired in Canada. Besides operating a national lending service of Braille, large print and sound recordings to the blind, the CNIB also provides a computerized Braille transcription service as well as the largest volunteer transcription program in the country. These readily available materials are used by students throughout Canada for both curricular and recreational purposes and often provide materials that are unavailable from any other source.

B) Canada Council of the Blind (CCB)

The Canada Council of the Blind is composed of blind and visually impaired adults from all walks of life. Although CCB does not provide direct services to the educational process, it is an advocacy organization providing support for the visually impaired in many aspects of life after completion of education.

C) University of Manitoba Computer Braille Service (Winnipeg)

Begun in 1973, the University of Manitoba Computer Braille Service has been providing brailled material for blind children across Canada at a standard fee per page. This service provides material in both official languages as well as Grade 1 German and Spanish. Math books are available in both Nemeth and Halifax codes. This facility is able to provide materials in varied size large print and, in the near future, computerized audio capability

as well.

D) Charles Crane Library - University of British Columbia (Vancouver)

Formally opened in 1968, based on the personal collection of Charles Crane, a deaf and blind individual, the library became part of the University of British Columbia in 1969. Combining the appropriate production technology with a large university-based service system, the Crane Library lends material across Canada, and abroad, in Braille, large print and various sound recording modalities. Materials are available through inter-library loan with no restrictions as to nature of handicapping condition.

E) Canadian Blind Sports Association (CBSA)

With local chapters in each province, the Canadian Blind Sports Association provides recreational and competitive events for blind and visually impaired athletes across Canada. Although primarily concerned with providing services to the blind, there have been some very interesting developments for mainstreaming. One in particular is noteworthy. In August, 1979, Blind Sports Nova Scotia, a division of CBSA, sponsored an invitational track meet in co-operation with the Midas Muffler Company in Halifax which brought together blind and fully sighted athletes on an equal basis. The success of this venture served to further support the concept of mainstreaming in other aspects of life.

The above list of support services covers the major organizations that presently serve the visually impaired across Canada. It must be noted, however, that there are numerous organizations that also provide valuable assistance. Church organizations, various service clubs such as the Lions, Rotary, Kinsmen, Kiwanis and others too numerous to mention, provide funds, aids and appliances and a host of other needed services. Without recognizing them the overall picture of mainstreaming would be seriously distorted.

Challenge of the Coming Decade

The second part of the questionnaire used to derive the earlier description of service available in the various provinces consisted of a scale asking the respondent to rank several needs on a continuum from "Not Important" to "Extremely Important". The seven areas rated as most important for the coming decade in Canada are discussed below. Probably the most interesting response was that increased use of residential services was seen as the least important need for the future since there was almost universal agreement that increasing the role of the residential services was not appropriate. The respondents for this section were the responsible ophthalmologist, a former CNIB person who has been very instrumental in changing the educational status of the blind, and a principal of a residential school. An attempt has been made to bring together as many diverse opinions in this field as

possible. The following seven areas are listed in order of highest priority.

(1) Teacher training

Teacher training was seen as the most crucial need for Canadian educators in the next decade. At present, training is very much limited to each province with no attempt being made to meet truly national needs.

Only two programs leading to a formal post-graduate diploma in the education of the visually handicapped are available in Canada. The Department of Special Education at the University of British Columbia in Vancouver offers a Diploma in Education of the Visually Impaired. The focus of this program is the preparation of professionals who can work with children in a variety of programs and settings and to serve as resource personnel for visually-impaired and multihandicapped children. There is a heavy concentration on practical experience with 17 weeks being devoted to various practica in supervised settings. Each student is expected to have contact with programs for the visually impaired in regular classrooms, with itinerant programs, with resource rooms and in special classes for the multihandicapped. Students also gain indepth experience with a severely disabled blind child on a continuing basis throughout the school year. Course work includes preparation in Braille, mobility, adaptive curriculum instruction and technological aids plus studies in eye anatomy and pathology. This full-year program is the only university program in Canada to parallel teacher training as it is known in the United States.

The second degree granting program is offered at Concordia University in Quebec. This program is similar to the one in British Columbia and trains teachers in both public school and residential settings. A third, more limited university level program, is available through Acadia University in Wolfville, Nova Scotia. Conducted by the staff of the Sir Frederick Fraser School in Halifax, this program is part of the Diploma in Special Education offered by Acadia. At present, the courses are held during six weeks of summer school for a period of 40 hours per week. Essentially, adaptive curricular techniques are taught in addition to required work in Braille and mobility. These courses are designed to prepare the consultant and itinerant teachers being established throughout Atlantic Canada. Future plans will see this program expand to become part of the Bachelor of Special Education of the university. It is doubtful, however, that a formal degree or diploma will be available in the immediate future.

The W. Ross MacDonald School for the Blind in Brantford, Ontario conducts an extensive two year in-service course for all new teachers employed in the school. The course emphasizes adaptive techniques, Braille, mobility and other essential skills

needed to teach the visually impaired.

Many teachers throughout Canada have obtained preparation from universities in the United States; mainly from Boston College and the University of San Francisco. These sources have been invaluable and, most likely, teachers of the visually impaired will continue to be trained at these institutions and others in the foreseeable future. This training has included preparation of classroom teachers, administrators, mobility specialists and teachers of the multihandicapped. Specialists in other disciplines such as counselling, occupational therapy, and vocational education have received valuable training in their fields from numerous American sources.

It is apparent, however, that Canada must set national priorities and goals if mainstreaming is to continue at the present rate. It is unrealistic to expect all teachers to be able to take extended periods of time away from homes and families in order to acquire needed skills in the United States.

The coming decade is crucial; a system must be established wherein teachers can be trained in Canada to meet Canadian needs. This system could be developed from existing sources; although present training facilities are thousands of miles apart, cooperation of the various institutions could be arranged. A national program should be established which would permit the maximum exposure to teachers-in-training to a wide variety of educational settings. By utilizing universities, residential schools and numerous public school settings, Canada could train teachers to work effectively in many possible arrangements. The importance of this need should not be overlooked.

(2) Preschool programming

Of almost equal necessity is the crucial area of providing services to the infant and early childhood age levels. Understandably, the movement for preschool programming is closely related to the mainstreaming of the visually impaired. If a child is to succeed in public school, every effort must be made from the beginning to ensure the child has the proper amount and quality of experiences to develop the requisite skills in order to enter school with his/her sighted peers. Although preschool consultation has been available from both CNIB and provincial authorities for some time, much still needs to be done. Preschool education be it home-based, such as through the Portage Project or Vision-Up, or in nursery schools, day care centres or Montessori programs, must become more formalized and thorough. The evidence indicates we have provided good programs or support in certain localities, primarily major metropolitan areas. It is now time to consider province-wide programs that serve this population consistently. As such a development would be new for most professionals, a nationwide communication system would provide a much-needed

resource for those concerned. This could best be accomplished through a formal organization, such as the CNIB through their network of preschool consultants. A less effective method would be a separate organization of preschool officials from each province and authority. However it is to be done, it is imperative that preschool programming be considered as a national resource, not provincial. We must share experiences, techniques and methods with each other. Lack of communication, missing some truly workable, valuable technique, is more than simply unfortunate when providing programs to visually-impaired children; it is vital that all of these children receive the very best we are able to provide.

(3) Low vision services

Directly related to mainstreaming, it is axiomatic that a child's chances of succeeding are directly related to how effectively he/she uses his/her vision. The past decade has seen tremendous development in those areas of technology related to low vision. At our disposal now are workable, effective lenses, scopes, magnifiers, electronic enlargement systems, and a host of truly remarkable "gadgets". Teaching programs to develop increased visual ability, such as those developed by Dr. Natalie Barraga, have greatly enhanced the chances of success in the public-school setting for many visually-limited children.

The delivery of service has not kept up with technology, both hardware and software. Most teachers and administrators are unaware of the vast resources available to them, partially because it is easy to become confused with the more technical aspects of visual correction and efficiency. By leaving low vision solely within the realm of ophthalmology and optometry we are relegating most of the available materials to an annual visit to the doctor or to have "glasses checked". This is a most serious mistake because it totally undermines the concept of visual growth. Children must learn, often over an extended period, to become effective visual learners.

It is important that an interface be developed between the medical and educational world. Both parties need to understand more about the other's field of knowledge and limitations. Educators must learn not to be mystified by those technical aspects of vision which are crucial to a child's visual functioning; we must be willing to stretch our traditional role to include a deeper understanding of technology. Conversely, ophthalmology and optometry must become aware that correction of visual difficulties is not an answer in and of itself since children must undergo a learning process in order to make optimal use of glasses or aids.

Low vision services are available in many places. They are found in residential schools, through provincial consultants or through the CNIB as well as special clinics in the larger cities.

There is much left to be done and the process of opening better communication between educators and ophthalmology/optometry will be difficult. There is no question, however, that this is a valid need for the coming decade.

(4) Increased programming for the multihandicapped visually impaired

Across Canada there is an increasing need for programming for children with disabilities in addition to those of a visual nature. The types of disabilities are too numerous to be listed completely. However, they include cerebral palsy, language disabilities, rubella, orthopedic problems, emotional difficulties, learning and perceptual handicaps and a multitude of specific individual difficulties. For summation purposes only, the needs can be broken down into two levels of needs. In the first place, more space in existing programs is needed. Every province offers programs for the MHVI, either within or out of province. Much more is needed. Parents are becoming increasingly aware that service is available for those children and are, naturally, advocating more vociferously the rights of their children to educational services. In Atlantic Canada, for example, over 50% of the children referred to the Sir Frederick Fraser School in the past three years required programming for additional disabilities. There is every reason to believe that this demand will increase during the coming decade.

Secondly, the type of program being offered needs to be modified, primarily by using specialists with skills different from those of the teachers of the visually impaired. During the 1970's, as the demand for special programming was increasing, the initial response was to provide an adaptive curriculum such as that given the traditional population. It has become evident that such education does not truly meet the needs of those special individuals. Specifically, teacher-student ratios must be highly individualized and beyond the normal academic definition. Much attention must be paid to conceptual development, fine and gross motor skills, daily living skills, prevocational and vocational development and a host of remedial activities to compensate for individual deficiencies. Finally, the concept of the school day itself must be considered. Residential schools are beginning to provide programs that really go from morning to night. The demands of daily life are being seen as valid contents for the curriculum. We need to learn more from other disciplines and specialists. Language pathologists, psychologists, professionals with backgrounds in behavior management, occupational and physical therapists and many others have expertise that can be beneficial to these children. Such consultation will result in different "stuff" being taught; it can only lead to better programming.

(5) Increased vocational opportunities

Probably the most difficult problem to be faced as long-term

vocational opportunities for the visually impaired does not fall within the jurisdiction of education authorities. There is no question that this population is statistically underemployed which results in loss of skills that have been so costly to develop. There is no ready solution to this dilemma. Certainly, greater cooperation with other agencies, such as the CNIB, is indicated. Only by working more closely with those involved in long-term service to the visually impaired can we hope to see the amelioration of this problem. By being more aware of the specific skills needed in the world at large can we hope to provide support to the visually impaired in the world at work.

(6) Increased support for the visually impaired in public school

Everywhere in Canada blind and visually-impaired children are being served in public schools. A network of consultants, itinerants and specialists is available to support these children. There are many gaps in this service-gaps that must be filled if mainstreaming is to continue.

Support services tend to be available in the more populated areas and are often sparse in the more rural sections of the country. This is to be expected given the vast geography of Canada. Unfortunately, this reality is based on numbers, not the individual needs of specific students. In the West, in particular, this is evident. Often the itinerants are hired by specific school boards and lack the support that can be given by the residential schools of the East. They must feel isolated when dealing with the numerous problems encountered when providing for the education of a visually-handicapped child. This is not a problem of personnel since there are good support people in all provinces. It is a result of the vastness of Canada and the availability of materials, aids and techniques when approaching specific problems.

(7) Improved child-find procedures

It is not unusual for visually-impaired children to surface at any stage of their education. Naturally, this is often related to the onset and severity of the visual disability. Unfortunately, such is not always the case; children still slip through our fingers in all provinces.

Greater effort should be made to publicize services to parents, medical and public school authorities. By establishing a more vigorous policy of contacting our clientele can we ever hope to reach the optimum number of children needing service.

Other Needs

Although not directly included in the questionnaire used to derive the above list, three additional areas should be considered in

Canada during the coming decade. They are discussed below in no particular order of priority. They have a commonality, however, in that each lies beyond the traditional provincial boundaries of education in the country.

A) Between 1973 and 1980 the National Task Force on Educational Materials for the Print Handicapped has considered various methods of interprovincial sharing of materials across Canada. The final report of the Task Force was submitted to the Council of Ministers of Education in the Spring 1980. This report outlines a computerized system, in part, that would allow all provinces to share their individual holdings in Braille, large print and various types of sound recorded material. This system is economically inexpensive, given the cost involved when material that is already available in another part of the country is transcribed needlessly and could be established in a very short period of time. This system allows for retention of individual collection by each authority but facilitates maximal communication and sharing.

There is a clear and present need for this program to be established. A recently established committee of the Council of Ministers is considering the Task Force's final report among other things. Hopefully, we will see a network of shared materials across Canada in the very near future. It is within our grasp and will result directly in improved services to all visually impaired children of Canada.

B) As noted at the outset, professional educators of the visually impaired in Canada have participated in both the Association for the Education of the Visually Handicapped and Council for Exceptional Children - Division of the Visually Handicapped. Undoubtedly, much has been gained by close association with the United States and, obviously, this relationship will continue in the future.

It is time now to consider an organization that facilitates communication within Canada itself. This paper has shown that mainstreaming is done differently from one region to another. An organization that addresses Canadian needs will surely result in better service to the children of this country. By learning more about each other's successes and failures will we develop systems that make optimal service a reality.

C) Finally, it became evident during the preparation of this paper that services to both the visually impaired and multihandicapped in both the Yukon and the Northwest Territories are uncertain. There are agencies responsible in both areas for this population. Undoubtedly, they are providing the best possible services given the existing conditions. However, as these areas are under the direct responsibility of the Federal Government, perhaps more information and support could be made available from the individual provinces on an advisory/consultant basis. A definition of needs for both regions seems advisable at this point in time. The purpose of

such a statement would be to derive support systems that would provide increased resources for those responsible for the education of this population within their home areas. Providing a strong support system for those children would be a tremendous challenge. It would be the ultimate in mainstreaming if appropriate services could be developed for such a sparse population in such a vast geographical area.

Summary

The purpose of this discussion has been to illustrate the differing styles of service used by provincial authorities across Canada. Many types of service are employed; residential schools, provincial consultants, itinerant systems and resource rooms are all to be found in various parts of the nation.

There is a growing spirit of interprovincial cooperation and this can be seen only as a positive development. Lacking a Federal direction, we are in the process of establishing a communication network that will influence regional growth. By sharing materials and ideas, a national picture is beginning to emerge. This surely will result in better service to our special population.

There are many challenges facing us in the coming decade. Teacher training is still too informal in most parts of the country. Preschool programming is just beginning in many places. Low vision services to school-age children are not available to all as of yet. Those areas, and others, must be considered more carefully in future planning.

Above all, there is a commitment to mainstreaming. Although the movement to place visually-impaired children in public schools has been initiated by policy and not, in most cases, by legislation, there is no doubt that this development is officially sanctioned. It is true that educational philosophy does swing from one pole to the other; cycles are often discernible. However, a return to residential programming for most visually-impaired children is not likely to reoccur in the near future. It is now our task to make maximum use of all resources within our reach. Mainstreaming, in Canada, is here to stay; it is up to all of us to make it work the most effectively possible.

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IMPACTS OF MAINSTREAMING ON CHILDREN AGES 0-12

The previous articles have dealt with the general concepts of mainstreaming as they are viewed in the United States and Canada. This section includes three articles, the first two prepared by Jeanne L. Strutinsky of the Canadian National Institute for the Blind and the third by Cheryl D. Ritlbauer also of the Canadian National Institute for the Blind. The first article by Ms. Strutinsky deals mainly with the impact of mainstreaming on community services and the second with impacts of mainstreaming on children on education. The third article, prepared by Ms. Ritlbauer, deals with impacts of mainstreaming on career planning.

IMPACTS OF MAINSTREAMING ON COMMUNITY SERVICES

by

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Preface

This paper is presented not as a model of service delivery but as a resource for thought. For each program initiated there are values in which we believe that serve as the basis for its development. Often these values are unstated but they should be considered and questioned from time to time. This scrutiny of our actions can lead to creative and positive changes in our program. Nothing should be regarded as static or, once embarked upon, cannot be altered or changed for the better.

The target population to which this article is addressed is not the visually-impaired child or student who is virtually invisible within mainstreaming, but these persons having difficulty within the system.

Impacts of Mainstreaming on Community Services

Although for many the term "integration" relates to the child entering the mainstream of education or employment, it must really be recognized as a process that begins at birth for every child born into our society. Whether we integrate or segregate specific children depends on our cultural beliefs and prevailing social attitudes. For example, at one point in our history all orphaned children lived in segregated orphanages as compared with integration at the present time into foster families in the community. Thus, integration can be considered as being synonymous with acceptance.

For blind children, acceptance is vital to their entire human development. Their development is precarious. Because of the precarious nature, it is essential that community services be mobilized early to support the child and his/her family. Without a community support system, neither the child or the family may be able to recognize or promote the blind child's ability to become an integrated part of society.

Early Identification and Intervention

Leigh

Leigh is now four and a half years old. At age three he was diagnosed as severely brain damaged, certified as mentally retarded, and institutionalized for care. He did not seem to have any visual responses. This was attributed to an inability to interpret what he saw.

A caring and persistent staff member of the institution was curious with respect to his potential and became involved with him in a one-to-one interaction. Leigh had tantrums and screamed violently when the staff member attempted to place any demands on him. At age three he was neither walking nor talking except for some babbling. He was not toilet trained, nor did he have any independent living skills. The staff member's patience and determination continued and rapid progress was evidenced. She now became curious concerning the progress, and began to wonder if Leigh really did see.

It has been a year since admission. He is now four and she is amazed at what he has accomplished. So she telephoned the CNIB that sent a worker. The CNIB worker noted how many of his "peculiar" mannerisms are typical of blind children. The progress seemed to indicate a child who was severely delayed developmentally in the early years of life. An ophthalmological examination and pediatric developmental assessment were requested. He is blind. But, his progress indicates normal potential if there is continued input to bridge the losses in stimulation and the lack of expectations on him in his early life. With continued intensive input and increased information on the impact of blindness, at four and a half years of age he began to identify objects tactilely, communicate in sentences, explore the building, meanwhile gaining in all areas of independent living skills, and enjoying interaction with others. What happened, or did not happen, to this child and countless others?

Early intervention of community services did not occur. An effective teaming of efforts to identify the child and alert the community did not happen. Blindness was not understood and consequently not explained in terms of its impact on development. More significantly, there was no discussion of his potential as an individual because the handicap in itself was overwhelming. The first psychological acceptance of such children must occur within the family unit. If the child is segregated in terms of rejection, he/she will turn inward for stimulation and shut out the world that provides little satisfaction. If he/she is overprotected or smothered in pity, he/she

again has been segregated and is likely to become a deviant child. Both situations practically insure that by school age he/she will not be part of an 'integrated' school program. Thus, early identification and involvement of community services is essential to assist the child and family in the earliest phases of the child's life. Early contact between parents and a counsellor is also essential for appropriate supportive counselling and information on blindness and community services. Much of the early counselling is a listening ear, since for many parents, it affords the first opportunity to express grief, confusion, shock, anger and to understand the partner's feelings that might have been left unexpressed and consequently, often misinterpreted.

A partial quote concerning Mary Ellen: - A paper written by a mother I visit. "The nursery was ready and waiting. Tiny baby clothes had been carefully and lovingly chosen for the new arrival. Three children had shared in the preparation. They bragged to all their friends and often I overheard conversations like, 'My mommy is having a baby and your's isn't!!!'

My husband and I were shocked by what we saw. That first glimpse I had of my baby will remain locked in my mind forever. Her face was all that we saw that morning. Her mouth was misshapen and caved in. Her eyes appeared to be sunken into their sockets and were screwed shut. Her left ear was deformed and her nose was flat with a crease in it. She had very little hair on her tiny head that appeared to be flat at the back.

The doctor arrived shortly after the nurse had taken her back to the nursery. The prognosis he gave us was grim. He told us the baby would not likely survive and if she did she would be grossly retarded. Her eyes were not formed completely and as a result he was doubtful as to whether or not she would be able to see. He left my husband and me alone after he offered a few suitable platitudes.

My first reaction was self pity. What had I done to deserve this? I had given birth to a freak, not a baby. Why me? I had never seen a child who was a vegetable much less cared for one. I guess I was hysterical. How I wished she would die. My husband felt just as badly as I did but I don't think it was selfpity on his part. He was sorry for me because I felt so badly. When I was calm enough to reason, I had an overwhelming concern for our three children at home. I had really let them down. They were expecting a normal, healthy baby. What would they think? How would they react? What effect would all this have on them? Our future looked absolutely devastated. It seemed that our whole world had just crashed. I never went to the nursery to see our baby nor did I want her brought to my room.

There was no way of knowing if her brain was affected but the prognosis wasn't encouraging. Throughout this period we talked to many doctors who had examined Mary Ellen. They thought that during

the eighth week of pregnancy, growth was retarded for as little as 12-24 hours. I was questioned over and over again. Was I on drugs? Had I taken anything during pregnancy? Did I have German measles? Had I been in contact with anyone who had them? Did I have a viral infection? Finally my feelings of selfpity gave way to a horrible guilt feeling. This was all my fault. The mother instinct works in mysterious ways, because it wasn't long before I knew I loved that tiny girl. But, I still had a tremendous guilt complex. I felt very badly for rejecting her the way I did when she was born as well as for all her problems. Even eight years later this guilt feeling surfaces once in a while. Mary Ellen's daddy was fantastic. He cuddled and loved her to pieces, as did the children. She certainly didn't lack for love and attention.

In the first five years of her life Mary Ellen visited the doctors many times. They found her to be a unique child. She should be grossly retarded but isn't. During each visit they would try to categorize her but she is just Mary Ellen. There is no category for her. We just say she is a visually handicapped child with many abnormalities.

At age eight:

Mary Ellen seems to sense people who genuinely accept her for her abilities and energies. She responds to them with love and affection. Mary Ellen has been fortunate to have teachers who have taken a personal interest in her. She has been lucky to have teachers who have also been understanding. She has developed a good attitude towards school and a deep and loving respect for her teachers. She also has a great sister and two bothersome brothers who think she is great. She has several special friends also. The doctors cannot give us any reason why Mary Ellen was born with so many deformities. But, Mary Ellen has come a long way in these eight years. As parents we are really optimistic about her future. We feel that she has the potential to become a responsible citizen in our society.

Parents are the most significant persons in a child's life. Without them, the child does not form an emotional bond from which to grow. Thus, until they are able to understand their feelings as being normal, have their questions answered, and share their fears, then the professionals, unless they assume the role of, or displace parents, will not see progress in the child because suggestions and programs will not be implemented by the parents. The emotional strength, the love, the belief, the acceptance will not come.

Debbie:

Debbie's mother greeted me at the door. It was my first visit. Debbie was two and a half and I regretted that the referral had not been made earlier. Debbie was one of twins and was blind. She had been premature and incubated for the first four months of her life without any physical contact from mother. Her twin sister was

more fortunate. After a short period of incubation, she went home with her mother. Her sight was normal. When Debbie finally did come home she trembled when her mother held her or attempted to show signs of love. Thus, the mother withdrew. The child did not accept or return what the mother attempted to give. The blindness was overpowering to both. The simplest pleasure of a smile across the room never came. Two years, six months after her entry into the home and during my visit, her mother asked for support for an idea she had for Debbie. Debbie could be cared for by a relative who expressed interest in her and "experts" could come in and work with Debbie in the relative's home.

No experts ever assumed that role, although many assisted the mother over the years. Both the mother and father were heard and understood and grew to understand their feelings. Debbie never left her home. Her mother became the care giver in a sense more than providing her food and changing her. Years later the mother turned to me and stated, "Did you know that Debbie loves me? Although she has never said so, I know that she loves me and I love her. Her smile and her hug tell me."

The acceptance of the "blind object" as a loving child and member of the family unit is a big step and must be supported and re-supported. This is where integration truly begins. The social worker from CNIB in our system normally begins the process by involving the child in a variety of community services that support, but do not assume, the family's role. The Child Development Clinic assesses the child's developmental level in relationship to chronological age and the functioning level of "normal" blind children. In a team approach the pediatric developmental physician, social worker and parents discuss the child's needs and the relevant services that are required. The social worker discusses these again with the parents to review the alternatives so that their choices and feelings are always of primary focus. Intervention of services such as occupational/physical therapy, community or specialized nursery setting and recreation programs, is done always respecting the parents wishes and involving them at the highest level possible in providing the hands on therapy rather than focusing strictly on the "professional" or "expert" intervention. The parents, through their attitudes, that he/she is their child, the future hope that they can give him/her, the assurance that he/she is a part of the family, the community and society, take the first steps to integration.

These first steps can often be slowed down when early identification of the handicapped child and alerting the appropriate services does not occur. In this way inappropriate attitudes and inappropriate methods of coping may occur within the family. The need for educating both the layman and professional concerning early intervention is of ever-growing importance in our work.

The Community Network of Services: The Team Approach

The community network system in our model, is not the creation of specialized services for blind children. Rather, it is the use of existing services for children in the community. If the educational philosophy of integration means that the blind child will be part of a community school then it should not be necessary to search for appropriate activities such as those in a local nursery, swim and gym program or Beaver Pack. If the child requires specialized services such as a special nursery school because of a multiple handicap, it does not mean that an agency for the blind should be necessarily created. Those currently in existence such as the Society for Crippled Children or a Day Care Centre could be used.

Recognizing that no one is an expert in all fields, nor does one agency maintain the monopoly of service, establishing contacts in the community of existing services from which to draw as needed by the individual child becomes important. Appendix A lists examples of such community services. This child has the right, as any other child to services/facilities/resources in the community. Helping these services understand their significance to this child and that their existing expertise needs only enrichment and an increased knowledge base, assists in society's acceptance of the child as truly part of our society. Working together, professionals from varied fields link with the parents to provide services. These include, among others, the social worker, pediatric ophthalmologist, developmentalist, occupational therapist and behavior counsellor. In order not to bombard the home, a coordinator of services is chosen who assists the parents in understanding the child's needs, and intervention from team members may provide the service either directly or involve joint efforts of parents and professionals.

The professionals in the field of blindness including the child's parents give ideas, suggestions and explanations to the community services to help enhance their provision of services. Together the services grow, other professionals learn, other children interact with the blind child and share their worlds, their experiences, and perhaps a new positive understanding or perception of the child develops. A referral to an agency providing services does not always work out. Inappropriate placement/services can occur. But, it is the parents' belief that the referral was made out of caring, concern and an honest attempt by themselves and professionals, that forms a trusting relationship to try again, on behalf of the child.

Dennis:

Let us use Dennis as an example of an effective team approach for providing service. Dennis was curled up in a tiny, crumpled, floppy heap in the middle of the living-room floor. His mother was extremely depressed and his development mirrored her sadness. The local public-health nurse had visited the home and became concerned and so contacted the agency. Emotional and informational support was offered to the family and it was readily taken. The social worker

arranged for a visit to the Child Development Clinic where it was believed that this development had been severely delayed. A behavior counsellor was contacted and helped the mother devise a program of self-help skills. The mother persevered with the plan. The local nursery-school personnel were approached to see if they might provide Dennis with an opportunity to socialize with peers in order to give some relief to the mother. With the assistance of a one-to-one aide, financed through a government program, Dennis entered school. The aide also worked with the home to ensure that the mother was aware of his activities and the aide understood how the mother approached situations and attained successes. As Dennis was diagnosed as having a slight hemiparesis, it was decided that an occupational therapist could assist with ideas of vestibular stimulation and gross motor stimulation within the nursery that would be extended into the home. The Child Development Clinic arranged appointments on regular intervals to monitor progress and make suggestions on service intervention. Home contacts and counselling were provided on an ongoing basis by the social worker who also coordinated various aspects of service intervention, including inservice training of the aide by professionals in the field, and visits by a speech therapist for ideas on increasing verbalization.

Although a number of different services were extended to the child and family, a coordinated team approach was established. Thus, the parents assisted in deciding which services were appropriate and when and where intervention should occur.

Failures in the System: Continuous Search for Improvement

In summary, this brief overview of services focusing on the preschool area but one should also indicate where the system can fail.

Lack of early identification:

It is essential that once a child is diagnosed as having a severe visual problem, preferably by an ophthalmologist that a referral be made to the agency. Thus, the eye specialist becomes an integral part of the service team. Public education must ensure that parents, the general public and professionals are aware of the importance of the early years and need for intervention at that time. Restrictions on those who receive service in the preschool years need extensive study since during that period exact visual acuity readings are often impossible.

Funding for services from the government must occur in the preschool years

It is unfortunate that educators often believe that the term "integration" relates only to school entry rather than also including entry into the world. Thus, often, the significance of the great progress prior to school entry is not adequately recognized or

understood. This belief is often fostered by government funding bodies that seek to satisfy needs for help only at school entry. For example, the one-to-one aid provided for the deaf/blind child commencing at age six is often not extended and the progress implemented.

Ownership should not be an issue:

Often professionals try to determine, in the context of ownership, who has prime responsibility for the child. The team must have a case coordinator who ensures that appropriate services are provided in a way that does not overwhelm the parents or aggrandize the services of any one profession.

Involving the parents in the decision-making process

The "experts" or professionals are seen as supporting the parents rather than assuming the parental role. Consequently, decisions made for the child are ultimately made with the parents. The professional presents the alternatives and discusses the pros and cons with the parents. Loss of control over, and responsibility for, decisions often leads to loss of belief that this child is truly a part of the family.

Searching for improvement in the system:

As with many areas, not enough research data are available on alternate systems of service, successes, failures, and on longterm development of the individual within varied systems. More sharing of information and documentation is essential. The author would like to terminate this section with this thought and personal expression:

Isn't a child who doesn't see, a "child" who deserves love, and the opportunity to understand the world around him/her and, in addition, the freedom to perceive the world in his/her own way, accessibility to the chances in life afforded other children, respect as a person, self expectations as to his/her abilities, and the right to choose and make decisions about his/her life as a member of society?

Appendix "A"

A brief list of some of the available community services in Manitoba includes the following:

Child Development Clinic: Children's Hospital

The Clinic provides developmental assessments for children ages birth to 6 years. From ages birth to 16 months, the children are reviewed every 3 months with suggestions for areas where stimulation is required and services for such stimulation are available. Appropriate developmental milestones are discussed with the parents. From ages 16 months to 48 months, children are seen every 6 months unless serious concerns over development arise that necessitate continuation of 3

month reviews. From ages 4 to 6 the child is reviewed every year unless there are concerns.

Occupational Therapy: Children's Hospital and CNIB:

This service is provided jointly by the Children's Hospital and CNIB whose therapist visits rural children and the Children's Hospital where therapy is provided to children with urban access to the hospital facilities. The focus of input, among others, is on fine and gross motor activity, sensory stimulation, body and spatial awareness, concept development, mobility and orientation and daily living skills.

Speech and Hearing Therapy: Children's Hospital and Child Guidance Clinic

These two facilities provide information on language development and the assessment of hearing loss.

Child Development Clinic Nursery School: Children's Hospital

Used for further observation of a child where required, in addition to linking with the available hospital support services, including occupational therapy. Transportation is provided by the CNIB.

Society for Crippled Children and Adults Nursery:

A specialized preschool centre for blind children with additional physical handicaps such as deafness or trauma from rubella.

Behavior Modification Services: Provincial Government:

Specialized individual programs in skill areas, such as walking, toilet training and feeding with emphasis on ingesting solid foods. The program has been successful with some children. The services also include home programs to assist with developmental processes.

Public Health Nurses:

Especially valuable in rural areas where the nurse assists in monitoring development, acts as support, provides information on normal child development, and is aware of community resources. Such nurses are excellent resources for the CNIB worker.

Support Counselling Services: Community Mental Retardation Services:

Personnel assist in providing information in situations in which a child is identified as blind and retarded. The Society for Crippled Children and Adults counsellors assist with information, and provide counselling and assessment programs for multihandicapped blind children. Health and Social Development counsellors assist in remote areas in service coordination, including counselling and working with the Department of Indian Affairs.

Community Programs:

The CNIB counsellor, recreation counsellor, rehabilitation worker and volunteer coordinator assist children with integration into local community nursery schools, swim and gym programs, and community club activities. The activities can be as simple as providing the information to the parent only and encouraging participation with, or observation of, the child in the program.

CNIB Support Services:

The CNIB has a variety of specialized services available as resources, including the following: Social Services that provide personal and group counselling, referrals to community services, and help to the client to become active in any of the relevant rehabilitation services offered either within the agency or from the community.

The Rehabilitation Department is oriented toward the development of personal skills and offers both counselling and instruction. Common areas of instruction include: orientation and mobility, daily living skills, communication skills, aids and appliances and dog guides.

Vocational Guidance and Employment Services provide clients with awareness of job alternatives and goal establishment as well as direct employment counselling.

Eye Service and Prevention of Blindness attempts to make both its clients and the general public aware of its services and what constitutes proper eye care. Services include information on eye conditions, referrals for genetic counselling and increasing public awareness through pamphlets, films and lectures.

In addition many other services such as CNIB Volunteer Services and Public Relations are available also as support resources.

IMPACTS OF MAINSTREAMING ON CHILDREN ON EDUCATION

by

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Introduction

The significance of the preschool years cannot be understated in terms of education, since the child brings with him to school an individuality defined by early attitudes, experiences and developmental gains. The support services and teaming described in the early years should not end when the child enters school. Only the components of the team will vary. Let us examine the development and repercussions of integration or mainstreaming of blind children into the educational system in Manitoba.

Mainstreaming in Education in Manitoba

In Manitoba, in 1972, two blind kindergarten children entered their local community schools. At this time, a normal process would have been planning for their enrollment in a special residential school in Ontario in 1973 for blind children in grade one. It was through the efforts of a concerned parent group that demanded education for their children within their own province that the first itinerant teachers for the blind were hired and a program of integrating the population of blind children began. The parents believed that their children's quality of life overpowered academic achievement alone and that they "belonged" in their own communities with their families. Other children began to return from the residential school to enter their local school programs. Their integration into the local school system depended on adequate support services and the attitudes of the administrators, teachers and parents and the communication among them.

As in the United States, it is significant to note that development of integrated programs for blind children varies across Canada in terms of onset of local programming and definition of an integrated program. In Manitoba children attend their own neighborhood schools with itinerant teacher services and resource materials being available to them. In contrast, in another province children may be bused to one community school that has a special resource room available to the students as they attend regular classes. The residential school for blind children in Ontario, the W. Ross MacDonald School, still remains an alternative for all children. It is also still used for most of the small deaf/blind population and offers consultation services in Manitoba for intervention efforts with multi-sensory deprived children.

The following program objectives for braille learners were started by the Department of Education Itinerant Teacher Program for Blind Children in Manitoba. (Department of Education, Position Paper,

1977).

1) To provide blind braille learning students with the most appropriate grade-school education.

2) To maintain ongoing local and family ties.

3) To provide in the total environment of the students the least restrictive alternatives and the highest degree of normalization possible.

4) To make the blind braille learning student an independent and "invisible" member of society.

5) To prepare the student for university entrance, community college training or professional or technical employment compatible with the exceptions and potential of the student.

There is evidence with respect to objective 5 that the personal expectations of the blind are much higher than they were a few decades ago.

Objectives 2, 3 and 4 above are particularly facilitated by home-school programming, in contrast with residential school attendance in Ontario. In home-school programming the itinerant consultant teacher for the blind cannot be more than an assistant towards the reaching of the objectives. It is therefore important to delineate the role of the itinerant consultant teacher vis-a-vis the responsibilities and practices of the regular staff in whose school the student is enrolled.

The role of the Itinerant Consultant Teacher of the Blind includes the following facets:

1) To teach the student those specific skills and techniques necessary for successful local school accommodations, among them:

   a) braille typing and reading

   b) mobility

   c) the Nemeth code

   d) concept development

   e) Optacon usage (optional)

   f) regular typing

   g) extinction of blindisms

2) To make special materials and equipment necessary to the educational objectives available - e.g.: brailled materials, audio-taped materials, tape recorders, braillers, Optacons, textual materials and TV readers.

3) To consult with parents in cooperation with the CNIB and local school staff.

4) To consult with, and support, regular classroom teachers who have students in their classes who use braille. The consultation and support should emphasize the use of special materials for blind children and the development of student skills within the regular classroom routine as opposed to being a special tutor for the student. Some of the latter will obviously be necessary and helpful, but the main intent is to place the responsibility of instruction in learning on the regular classroom teacher.

5) With respect to items 3 and 4 above, to promote the same kind of independence in the braille learning student as expected of all other children.

Obviously, the role of the itinerant cousultant teacher, as described above is developmental and variable. With younger students who lack special skills needed because of the visual impairment, the itinerant consultant teacher will be involved more regularly and more heavily in the local school program. As the child develops and matures and attains the special skills required, a stage will be reached when the itinerant consultant teacher is able to, and should, withdraw from the program and simply remain on call for "milestone" or "crisis" decisions. In other words, one of the aims of the itinerant consultant teacher is to work him/herself out of a job. The process of withdrawal of the itinerant consultant teacher will be influenced by ongoing consultation, review and evaluation of student progress and needs.

Services for visually-impaired visual learners include the following:

The itinerant consultant teacher in the program for braille learning students is often called upon to assess and/or serve visually impaired visual learners. In some cases overlap occurs when for reasons such as maturation or medical intervention, a student who has been using braille is able to phase in to becoming a visual learner, or vice versa. In transitional cases students may be using both braille and visual means of learning. Sometimes, when visual learning students with significant visual handicaps are identified, the itinerant consultant teachers of the blind are called upon for educational assessment and/or ongoing advisory services to regular teachers.

To meet the need of this large population it was believed that:

1) Divisional special education coordinators should be responsible for the coordination and development of services for the

visually impaired, with particular emphasis on handicapped visual learners.

2) Selected resource teachers - perhaps on an interdivisionally planned basis - could be trained in the education of the visually impaired so that "instant" and local or regional consultative service is available.

3) The itinerant consultant teachers could provide professional backup to coordinators and resource persons.

4) The training of resource persons in the field of visual impairment is not currently available in Manitoba. Either it should be so provided, or a training centre for Western Canada should be established.

"The writing of aims and objectives can be little more than a philosophical exercise if educational authorities, teachers and curriculum planners fail to develop and implement programs for individual students to grow as whole persons to the fullest extent of their ability" (Jan, Freeman & Scott, 1977 Page 292). For the itinerant consultant teachers of the blind, academic training has been the least of their concerns. The social phenomenon of blindness, not the instruction in braille or the use of the Optacon, has become of primary concern. It has been recognized that there is more to life than attaining technological skills or academic prowess. The instructors are concerned that students develop their own positive self images that will make them individuals who feel responsible for their own lives and feelings of selfworth in their existence. The students, as one itinerant consultant teacher phased it, are at the mercy of their parents, teachers and professionals. If the attitudes that surround them are encouraging and positive, then the student's outlook will differ from that fostered by being placed into an atmosphere of pessimism, lack of expectations and a focus on the blindness as compared with the concept of being a total person. Blindness, in this context, becomes a social not a medical or academic phenomenon.

Characterizing the blind child as a "normal" child has been reexamined both in the United States and Canada where integration has occurred. "The very early history of integration or mainstreaming in the field of special education for visually handicapped had to overemphasize the blind child's similarities to other children in order for public school personnel to accept visually handicapped children into their school systems". (Spungin, Journal of Visual Impairment & Blindness, Dec. 1978, p. 422). "Thinking of blind students first of all as children is an excellent starting point but if educators stop there and fail to plan for the differences, these children are apt to be educationally deprived". (Jan, Freeman & Scott, 1977, p. 305).

Thus, the importance of special professional and administrative supports required to meet the needs of the visually-handicapped child and his family must be recognized. A team approach to provide these supports is essential. Functional support services such as mobility

instruction, peer extracurricular activities, and daily living skills instruction to enhance independence are among these services. Counselling of both the student and family continues to encourage involvement in the decision-making process, self advocacy and the examination of frustrations in such areas involving peer relationships. These areas will be discussed later in this paper.

The special needs of this population has not only been recognized by educators and other support professions but also by parents. In 1980 a new public schools act (Bill 31) has been introduced in Manitoba supporting the universal availability of education.

A coalition of parents was formed to respond to Bill 31. The coalition was comprised of parents whose children were handicapped including blindness, cerebral palsy, mental retardation and other forms of disability. Within their brief they stated: "We appreciate the progressive spirit of Bill 31 in recognizing that each child is entitled to an education. Additionally, however, we believe this education must be appropriate to the needs of the individual child and should occur in the least restrictive environment. These educational services should be integrated as fully as possible. Furthermore, we feel that such a continuum of education services will require the co-operation of several departments of government in providing necessary supports such as realistic work loads, special devices, structural changes to buildings and additional diagnostic and consultative services". (Parent Coalition Brief: June 1980).

They also emphasized the importance of parent participation, early screening and diagnosis, ongoing professional development for all educators in the areas of special needs children, an extended school year for preventing regression, and the concern for adequate funding for special programs. They emphasized also the development of the child's independence and sense of selfworth, as the goals in educational planning.

The coalition also exemplifies the awareness of the increased number of multihandicapped children. This unification of parents perhaps symbolizes the multiplicity of handicaps that a single child may face. More and more children with blindness as only one of their disabilities are being referred for services. The Department of Education, recognizing the impacts of additional handicaps, are concentrating on earlier intervention of services for the deaf/blind child, the developmentally-delayed blind child, and the multihandicapped child through a special one-to-one intervenor program aiming at assisting the child to integrate and interpret sensory input. There is also increased focus on itinerant consultant teacher training in this area. Crucial teaming of services is being established to meet the child's individual needs, and to support the family. An example is the CNIB and Department of Education's joint summer program for multihandicapped children that has been in existence over the past few years. Integration, programming alternatives, supportive service needs are all becoming more complex. Much discussion could be given here to the

areas of impacts of mainstreaming of the multihandicapped blind child but this raises an entire new topic for detailed consideration, and many questions to be answered in terms of educational planning.

Integration does not occur without its problems. This is evident by examining some of the problems that have been experienced by the blind student, his peers, teachers, the family and other involved professionals. However, only a few can be dealt with in this paper.

(1) Around the grade 3 level, concerns may grow in terms of peer relationships. At this level, in many school systems, sports activities become more competitive and team based. The blind child is often the last chosen for a team or excluded. The exclusion may sometimes be by personal choice, or by a teacher who fears for the child's safety or does not believe he/she has any potential in a physical education curriculum, or rejection by his/her peers. The unfortunate repercussions are that the child doubts his abilities, peers see him/her as a "loser", he/she is in poor physical shape with limited exercise, and the teacher has formulated a negative impression of integration and has little expectation for this student. The involvement by itinerant consultant teachers for the blind and their use of resources such as reading materials and program references including physical education for the blind, other physical-education teachers who have devised ways of including the student, and the recreation coordinator from CNIB, can often help alleviate such occurences.

Cliques appear to form at the grade 3 level and jokes can be cruel. The early encouragement parents have provided the child and their positive attitudes that have helped him/her gain in self confidence will help him/her cope. Continued support is given by the itinerant consultant teacher to the parents to build on their child's strengths, to promote peer interaction through groups and activities and to listen and to talk with the child to help promote a positive self image. Education of peers and the public in general about the impact of blindness is essential to foster better understanding, not solely of the handicap, but of the person with the handicap.

(2) It is sometimes difficult to distinguish those who are friends and those who are helpers. Sometimes friends believe that they are regarded too much as helpers and withdraw. As a young boy once phrased it: "I want a girl friend not a girl who wants to walk me to school because I don't see". The feeling toward the two roles are quite different and if the feelings are not mutual, frustrations will develop. Another situation may exist if the student abuses a friendship by placing continuous demands for help in which he/she has or should have the independence to do things independently. The development of a friendship must be regarded as a mutually satisfying relationship based on similar interests, goals, activities and concern for each other. The blind child must consider what he/she contributes to a relationship and how he/she can develop and enhance relationships, not only on what peers can contribute to him/her.

(3) For those whose parents did not receive input in the pre-school years, and so were not encouraged to involve their children in activities or to examine their attitudes towards blindness, we find students with little extracurricular participation and overprotective parents. Such situations isolate the child from his peers and decrease the experiences that contribute to his abilities and interests. They cause a lack of self esteem, feelings of segregation and frustration as well as participation in isolated activities that involve little to no interaction with others. Some children have only involvement with music, tapes, the radio and television as hobbies. Recreational services in Manitoba have encouraged increased participation by the handicapped and support services are available to assist in mobility instruction to get to an activity, transportation, intervenors and volunteers. The community as well as the schools must also promote integration to help develop the person as a well rounded individual.

(4) Unless teachers are given support in working with the visually-handicapped students may receive too many exemptions from doing regular school work and thus poor habits and skills are learned. The regular classroom teacher who allows the child to pass the test because of feelings of pity is not doing him/her a favor. The itinerants must help the teacher make realistic adjustments if the test is too long for completion within the specific time frame. The adjustment may involve less quantity but, insofar as possible, expectations for quality must be maintained. Or, increased time may be allowed for completing the test. The teacher's attitude must also be assessed since students can manipulate situations to avoid work, as is well-known for any student whether blind or sighted. Continuous excuses, lack the completion of assignments and the like, must be dealt with in terms of the student's responsibilities and the consequences.

(5) Many visually-impaired children lack exposure to activities in which other students participate such as parttime jobs. These experiences help build understanding of responsibility, job awareness and career alternatives for all children. For the blind child, perhaps the exposure is even more important than for the sighted peers since they often learn much more through actual experiences. Often, the unfortunate reality is the lack of available jobs and hesitation by the employers to hire the handicapped. This will be discussed more extensively in the section on career planning.

(6) Often the dress of visually-handicapped children may be inappropriate since they do not have the visual clues and interest in appearance or awareness of how appearance affects personal interaction. Blind children from large families might have the advantage of brothers and sisters who know what is acceptable dress. Other significant persons in the child's life, such as the social worker, teachers, school nurse or guidance counsellor, might also help by commenting on dress, and personal care. Perhaps individual instruction through the home on a one-to-one basis by a daily living skills instructor is needed, and/or reading material on grooming and fashion.

(7) Often it is more difficult for the partially-sighted child

than for those who are totally blind or sighted. His/her peers do not understand where he/she fits and he/she is often frustrated by attempts to fit in totally in situations with sighted peers where certain functional limitations exist. His/her teachers may overcompensate for his/her loss of sight by extra attention that may not be required or fail to recognize any special assistance that is needed by the student. If not diagnosed early he/she may be labelled as slow or disobedient. The itinerant consultant teacher can assist, if consulted, to determine the appropriate resources or provide suggestions to the classroom teacher for, among others, seating, and location of light sources. The best expert is the child him/herself and he/she must develop the self confidence to explain his/her needs. Still the misconception that visual acuity almost solely defines a child's needs, and the realization that visual acuity does not indicate visual functioning level must be explained by the itinerant consultant teacher to many classroom teachers. Also, in the early years, intervention concerning visual stimulation is extremely crucial in the home. In the book Visual Impairment in Children and Adolescents, the chapter on the partially-sighted child is entitled "The Dilemma of the Partially Sighted". In the book, a student is quoted as having stated, "It is very hard when you are not really blind or sighted because you are just hanging in the middle". This book provides excellent suggestions to assist the classroom teacher and includes a number of references for consideration. Much of Barraga's works have also assisted itinerant consultant teachers in assessing visual efficiency and helping explain low vision to classroom teachers.

Entering into many of the above-mentioned concerns is the consideration of the normalization process. Normalization is defined as "Utilization of means which are as culturally normative as possible in order to establish, enable, or support behaviors, appearances and interpretations which are as culturally normative as possible". (Wolsenberger, Normalization, 1972). But, one might question whether some of our attempts to mainstream were at the expense of a part of the individual's life that also requires fulfillment?

As in the early history of integration or mainstreaming, where overemphasis existed on the blind child's similarities to sighted children, so was there overemphasis on the thrust to ensure complete integration in all aspects of life with the sighted community. One may wonder if this resulted in the exclusion of important peer relationships with other blind children, and the mutual support that could be offered. Thus, the itinerant consultant teachers and the CNIB social workers introduced opportunities for such mutual interaction and sharing. The agency offered group programs in which blind students could participate if desired. The group programs not only facilitated interaction by the students, but were also addressed to specific concerns. The areas of concern related to problems the students experienced with mainstreaming.

This year an Adolescent Program was initiated with students ranging in age from 12 to 16 years. In order to keep enrollment to

twelve students, a selection process was used with those indicating interest that involved assessing their needs for such assistance. The program focused on group discussion sessions and concentrated on the topics of Independence, Sexuality, Social Integration and Career Awareness. Individual skill instruction was provided in orientation and mobility, daily living, home management, personal management and communication. Special concentration was given to body language. This activity examined gestures, facial expressions, gait and posture and the effective use of the body in communication. Another area of concentration was fitness. Several recreation activities were planned including a weekend campout as a group.

Follow up:

The degree to which vision and previous expectations influenced independence in particular experiences, was used to determine the followup needs of the individual students. This was especially true in the area of individual skill instruction. Thus, followup was done on a one-to-one basis to improve, or in some cases introduce, daily living skills. In body language, the students with less vision had greater difficulty than did the partially-sighted students in isolating specific movements, facial expressions, balance and understanding their outward presentation. In group discussion, both individual followup and contact with school guidance counsellors with respect to presentation of materials was necessary. Detailed results on each individual's participation were shared with the students, the parents, the school, and the itinerant consultant teacher.

Personal Growth Group 1979 - February to May:

The idea of a personal growth group for young adults stemmed from the concern of four staff members with respect to the apparent lack of social development in a number of visually-impaired young adults. A group proposal was presented at a direct service staff meeting to investigate further the staff's concerns about social development in the young visually-impaired. It was decided that the proposed group program would be started with the coleaders being a social worker and a rehabilitation worker.

A letter was sent to a select number of registered persons (13), who were chosen by the two social workers whose clients ranged in age from 20 to 30. As the group program was a pilot project, it was decided that the group would be limited in numbers and selective in participants.

The group then spent a week during which the group leaders met with each individual to determine their commitment and contracts. As a result of these meetings, ten persons chose to continue in the group program and three chose not to be involved. The agenda as determined by the interest inventory was as follows:

Aids and Appliances
Exercise and Diet
Dating (Men and Women)
Communication and Body Language
Outing to a Public Lounge & Disco
Fashion and Grooming
Alternate Life Styles
Wrap up

Program results:

Through observation, discussion and a questionnaire, information on the group program was gathered by the two leaders. Using the questionnaire, the group participants were interviewed individually to gain feedback on their involvement in the program as well as to investigate the areas of their personal growth. The results of the questionnaire are summarized in the following sections.

The Communication and Body Language session was unanimously selected as being the best. This was closely followed by the Fashion and Grooming, and the Exercise and Diet programs. The high interest in these sessions seems to result from the presentation by a keen community resource person who worked to provide a meaningful experience for the group members. These sessions were innovative and stimulating and thus motivated the members to participate in the events of the programs. Most of the participants stated that the areas of their personal growth were being able to communicate better, and/or inner feeling of increased confidence. They felt at ease within the group of visually-impaired cohorts. Some said it did not matter to them if the group members were all visually-impaired, and in most cases it is these persons who would pursue future involvement in a community, rather than in a segregated program.

Everyone found the use of contracts to be helpful to them, because the written contract provided a sense of direction for them, and/or a guideline on which to work in pursuing their personal growth. The majority of the group said that it could see another group being run for their peers, who did not participate in this one. They suggested that a program fee would determine commitment and provide some monetary source for honoraria and refreshments.

The participants responded so favourably to the varied program and the presentations of community persons, that this approach appears worthwhile to include in future programs. Enthusiasm ran so high that some sessions ran well into overtime, prompting further investigation into the area by some individuals. Many of the areas that were presented, were dealt with only briefly, as is usually the case in introductory programs. Although some people personally followed up on these interest areas, some topics seemed in need of followup by the majority. One such topic is communication skills. At several points during the program, it was evident that many of the group members were experiencing difficulty in transmitting their thoughts and feelings, or in carrying on an informal conversation. Thus, as the response to the communication program was so positive, the need for further work in this area is clearly indicated.

Conclusions and Recommendations

It is important to note that many of the group participants had both integrated and segregated learning experiences. Even with exposure to both, some lack of social development was evident. From the participants' viewpoint, the group program was a valuable experience. The use of contracts, varied topics, and community resources aided in providing positive support for the personal growth of the participants.

The groups demonstrated needs that could be examined with younger students and so possibly prevent, rather than just remediate, areas of difficulty that the younger students might experience. Thus, such group programs were seen as aids to mainstreaming of the students. Because of the relatively small population of visually-impaired students and wide geographical spread it would be impossible, and perhaps even undesirable, for the regular school curriculum to organize such specialized groups.

Such supportive programming efforts must address the concept that education must focus on the total person not on academic knowledge alone. Such supports will affect the student's functioning with peers and his/her self esteem. Lowenfeld's statement summarizes the importance of such programs being regarded as part of a child's education:

> "Education must aim at giving the blind child a knowledge of the realities around him, the confidence to cope with these realities and the feelings that he is accepted as an individual in his own right." (Lowenfeld, 1956, p. 148)

Realities extend beyond learned academic skills to all sectors of our lives.

But, how does mainstreaming of handicapped students affect the non-handicapped peers? A mother of a blind child, who had additional physical handicaps, stated that she felt guilty that when her child enrolled in regular school. She thought that, even with the supports offered, he would perhaps still be looked on as a burden to the classroom teacher who had a large class that year. She wondered if parents of other children would feel he would monopolize the teacher's time and thus deprive their children. She wondered if the other students would resent his presence or avoid him because of his difference. Reflecting back on that year she now believes that it was probably a special learning experience for everyone in that room. The students were interested in his abilities and learned that a handicapped child could do many things. They learned to extend help when needed and to assist independence where possible. Perhaps they learned patience and understanding for someone who is different. The teacher using her imagination increased learning experiences by tactile and other sensory additions to lessons and all benefited. The school division was granted extra funding so he might have an aide, special materials and other

support.

In early school meetings in which the principal, teacher, aide, social worker, speech therapist, special education coordinator, itinerant consultant teacher and other involved professionals met with the mother, the mother introduced herself as Mrs. Jones, Billy's mother, and the "cause" of this meeting. Later she could introduce herself as Mrs. Jones, Billy's mother, and not refer to herself as the "cause" but make positive contributions to the meeting. Mainstreaming was not found to be detrimental to the education of the other children and indeed could be an asset for the handicapped and non-handicapped children alike.

As the mainstreaming program in Manitoba has only been in existence for some eight years, we have not been able to make an in-depth analysis of graduates from an integrated school system to determine its full benefits. However, as stated throughout this paper, the success of mainstreaming depends on many factors, not merely the provision of technological aids and a school with an open door. Hopefully many benefits will occur for all involved in such programming.

Integration and segregation as school issues, are both situations that have "pros" and "cons" and must be evaluated on an individual basis for each child. For example, the child whose family cannot provide the needed support for his integration into regular school, but who love him/her and want a good education for him/her may opt for a segregated residential school. In this case it may have promoted the continuation of positive family relationship and the holiday times may be valued to promote his/her community involvement. It may also provide the time for the family to gain understanding of their feelings, learn about available support services and reassess their abilities. Together, these may lead to the child's return to a community school or view segregation as a positive alternative in their situation.

One may contemplate a situation that did occur when a child was segregated. This should not be considered a generalization since residential education can benefit some children greatly. Dianne was seventeen years old. She had been a student in a segregated school for the blind for eleven years. She now returned to her community, a small town, to complete her last year of education. She looked with mixed feelings to returning home. She was leaving her friends and the security of her school.

Once back in her community, she experienced many new situations different from those of a visitor at school breaks. The other students had little in common with her experiences. Many offered to be helpers, but rarely was there a close friend in whom to confide or exchange ideas. Sometimes she felt awkward in that others did not know how to approach her and consequently avoided her. At home, there was also a total readjustment. She was no longer the returning guest but neither was she a regular member of the family on a day-to-day basis. A part-time job would have been appropriate but no one knew how to deal with

her blindness and preferred not to get involved. School work was not a problem since the teachers didn't want to fail a "blind" student.

With Dianne having been segregated for so many years, problems arose. She had no friends in her community, she had no real home life, employment looked to be a problem and she had had little career counselling and even less exposure to careers in the sighted world. Further, no one understood her as a person because the blindness presented a barrier. It took many years, but eventually she did gain perspective.

In conclusion, mainstreaming must be viewed, not merely as the ability to place a visually-impaired child into a public school and provide academic assistance in the form or a special visiting teacher and provision of technological aids. It is concentration on the development of the person in a holistic sense. It is the need to focus on the person as a whole that has led to concern about our ability to meet the child's needs. This involves looking at the individual and evaluating his/her needs, working in a team approach to the delivery of services and providing alternatives in education. Without this enveloping approach, the impact of mainstreaming on the child and school system can result in negative experiences.

A 6th grader, Kathy McGillivary, in a mainstreaming program catches the spirit of the issue in the following:

> I am lonely, so very lonely,
> Nobody really listens to me, no one seems to care
> I am like an animal in a cage,
> Kicking and scratching,
> Longing to be free of the iron bars
> Which lock me in.
> People smile as they go by.
> Admiring my tricks and saying how smart I am.
> For an animal.
> They look in through the bars of my cage
> And I turn and look out at them.
> But no one opens the door.
> They are afraid to let me out.
> They don't want to get hurt.
> There are those who let me out.
> I have grown to love them very much.
> The rest just turn their heads and go their separate ways.
> If some of them would only get to know me.
> They would see what I can do.
> Please unlock my cage!

With a holistic concentration, mainstreaming can be a positive experience for all involved.

> There are those who let me out
> I have grown to love them very much.

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IMPACTS OF MAINSTREAMING ON CAREER PLANNING

by

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Introduction

Before examining the specific impacts mainstreaming has on the career planning of visually-impaired students it is important to understand what mainstreaming involves. When working with visually-impaired students, the basics can be taken from any manpower career planning guide. Today there is a strong bias towards the notion that the career decision-making process, in itself, is no different for the visually-impaired than for the nonvisually impaired. There is a definite plea for the nondifferentiation of the handicapped. As career planning is applied uniquely to any person, visual impairment must also be dealt with accordingly.

Through lack of proper guidance and experience, many young people, both sighted and visually-impaired, are unable to present themselves effectively to prospective employers in job interviews. They are unable to show their true abilities and potentials. Career counselling then becomes more than a simple counselling involvement-it becomes life counselling. One does not choose a cereer, but as one progresses through life, one makes many decisions that affect the direction one's life takes.

How can there be effective career planning when the following exists?

1. The individual does not have a realistic view of the world of work.

2. The individual does not have a realistic self image.

3. The community does not understand the implications of visual impairment.

4. The individual has not developed the appropriate social skills to enable him/her to be successful.

5. The community continually insists on doing for, instead of teaching the person how to do for, him/herself!!

How then can employers or counsellors be expected to find jobs for persons who do not have the basic skills necessary to direct their lives?

The previous discussion identifies some of the major issues that arise when discussing career planning. If a person does not have the "basics," it becomes impossible to move toward a career goal. It is toward these "basics" that the discussion that follows is focussed.

People, in general, are living in an increasingly complex and differentiated culture. An array of factors now complicate the decision making of today's young people. These include a higher level of skill demand from employers, a greater opportunity for higher education and professional training, and a wide range of alternate life styles. Consider the impact of this on the general population. Then think of this in terms of a visually-impaired person and the far reaching effects it has on their lives.

If one believes that vocational choice occurs as a function of relating an individual's traits to alternatives, and, as a complex interaction between one's developmental history and environment; then, the richness or impoverishment of one's experience, the distortion of one's appraisal of self characteristics or possibilities of reaching aspirations, the accuracy of information one has, the scope and nature of one's self confidence, as well as many other factors, also enter into the choice. Thus, these frequently make the choice more psychological than logical. (Herr & Cramer, 1972)

It seems clear that a great many variables enter into vocational choice and decision-making. These include work values, occupational stereotypes, expectations, residence, family, socioeconomic status, general adjustment, personality factors, needs and propensity for risk taking, educational achievement, sex and level of aspiration. Each is influenced by others in a dynamic interrelationship. The preponderance of one or more variables in vocational decision-making depends heavily on the individual's making the choice. (Healy, 1968). Of the many disabilities, few are as capable of disturbing the rationality of man as is blindness. Evoking deep and complex emotions blindness often creates impregnable barriers separating the visually-impaired from society at large. The emotions resulting from such barriers must be dealt with!

Vocational guidance is not solely the provision of occupational information at a particular point in time, or a simple matching of man and job, but rather the process of helping a person develop and accept an integrated picture of him/herself and his/her role in the work world, test his/her concept against reality and to convert it into reality with satisfaction to him/herself and society. Self-concept, its awareness and implementation in the process of career development makes

it seem quite clear that effective career counselling cannot take place through only dispensing and discussing occupational information without considering the psychodynamics of self-concept.

When talking about education, training and career choice, one must reflect on the factors in the process of shaping young people to prepare them for "post school". This involves what trainers, educators, parents, counsellors and peers do to young people and how they manage to resist having things done to them, or are molded by the significant others in our society. It involves questions, among others, of basic skills and core curriculum.

When considering vocational guidance in terms of visually-impaired persons it is important to note that in most cases, in any facet of society, there are individuals that handle career planning in their own ways, whether handicapped or not. This decision is not directed to these people. Vocational guidance is more directed at persons having difficulties-those who lack vocational preparation skills, decision-making skills, and/or an inability to conduct an effective job search. Whether these persons are sighted or not is irrelevant. The Breton study entitled "Social and Academic Factors in the Career Decisions of Canadian Youth" found that well over 30% of Canadian high-school students, including those in 3rd and 4th levels, had no occupational preferences. There was also evidence that many more had inappropriate or unrealistic goals. This same phenomenon occurs with the visually-impaired population. The problems that come into play, appear only when one looks at the individual in terms of his/her self-concept. It is then, that one becomes aware of the differences that are necessary to consider vocational planning for a handicapped student.

Of course, if one believes that self-concept is the core of vocational planning, then the development of self-concept must start at a young age and be an ongoing process. If this does in fact happen, it would be a positive step towards problem prevention. However, if one must be made to develop the skills in the student necessary for working out his/her vocational plan independently.

Students must exercise responsibility in determining their future. Unfortunately, one often assumes many things when dealing with visually-impaired persons. It is a natural tendency but one that is extremely harmful. In talking about careers with a visually-impaired 17 year old, comparing them with what other 17 year olds are doing, or worse still, what jobs other visually-impaired persons are doing, is misleading. It is important to recognize the needs and capabilities of the individual and the fact that, just because the student has been attending the school down the street with the other children in the neighbourhood, he/she may not have the same background or experiences from which to draw.

Job Reality

In dealing with job reality, a visually-impaired student must be aware of work-what it is and why people work. An introspective examination of his/her needs is essential, perhaps to analyze them according to Maslow's Hierarchy, to help him/her understand, where he/she stands and what he/she wants. The student must then look at the needs that are met by work, including economic satisfaction, social satisfaction, identity, regulation of life's activities, sense of achievements, usefulness, and an outlet for interest and aptitudes. It is important to look at individual options in career planning. It is important for a person to know what he/she wants, know what must be done immediately, what one needs to accomplish later, and plan for each new stage of life. One must look at what career planning involves and realize that it does not just happen. The individual must recognize the importance of self-appraisal, exploration and study of occupations, establishment of a timetable, anticipation of problems and review of plans and progress. It is most important to examine the term "physically handicapped". What does it mean and how does it affect the visually-impaired individual and society?

If one examines career development and the physically handicapped, one finds severe unemployment, severe and chronic underemployment, a narrow range of options, inacessibility of jobs, ignorance and prejudice. In examining the attitudes of others toward physical handicaps, one sees embarrassment, disinterest, ignorance, a lack of awareness and sympathy toward a philosophy of integration. These are all realities and must be dealt with. The visually-impaired person does not live in a social world without accepting, more or less, the attitudes of others toward him/her. He/she must be able to deal with these attitudes in a way that enables one to become a strong, confident member of the community. The visually-impaired person must be aware of the "real world" and see how and where he/she fits. It is important to realize that although a person may be visually impaired, there are many vocational options open. Instead of only examining what other visually-impaired persons are doing, the individual must decide what he/she wants to pursue. If it is a new vocation to be "frontiered" and, if the person has a strong desire to pursue it, then he/she should be encouraged to plan ahead and overcome any obstacles that may arise. Some advice to follow is what Dyer said at one of his lectures in Winnipeg, "Turn your life to what is meaningful to you and advance towards the dreams you imagine". In this day and age, it is difficult for any person to decide on a career pattern and follow it rigidly. In order to insure personal happiness, a store of satisfactory life experiences and confidence will make the road easier to travel. This is especially true for a handicapped person since it will be more difficult and the person must be determined and have perseverance. If one does not, success is unlikely.

One should mention here, a major problem of mainstreaming. Individuals seeking vocational guidance, usually end up speaking to

a counsellor who has not had previous encounters with a visually-impaired person. Often, the counsellor panics and looks at traditional vocational stereotyping and advises accordingly. This does not produce satisfactory results. Ultimately the individual ends up dissatisfied. Also if the counsellor has feelings of pity towards the handicapped student and does not encourage the student to look at options or becomes overhelpful, the client is likely to become dissatisfied. Aside from failing its social purpose, the development of compensatory attitudes achieves little for the stability and emotional security of the visually-impaired individual. This results in a lack of development of initiative and growth that is so imperative in accepting responsibility for one's self.

Dealing with the Visual Impairment

In addition to dealing with the reality of the work world, the problem of dealing with the visual impairment must be faced. If a visually-impaired person cannot come to terms with his impairment, he/she can hardly expect a prospective employer to do so. It is essential that both individuals understand thoroughly the visual impairment in both medical and functional terms. The job seeker must be able to explain his/her eye condition in a positive and encouraging way to the employer. In explaining the eye condition, the individual must also come to terms with the community interpretation of blindness, partial sight, and visual impairment. The lack of differentiation and understanding of the differences between the term "blind" and "visually impaired" is quite common. It is true that blindness makes life more difficult, but blindness alone cannot account for the amount of physical, economic and social disability that is found among the blind. The disability and incapacitation so commonly found have their origin, not in the physical condition, but in the impact of the individual upon society and its attitudes. In spite of this, the visually-impaired person must be able to deal with a prospective employer's "blind stereotype" attitude. Anticipating what the employer may be thinking in order to dispel any negative ideas, is a priority. It is not necessary for the individual to wait for an employer to raise these issues, but it is essential that these issues be worked out. In dealing with these attitudes, the visually-impaired individual must understand himself as a visually-impaired person and recognize the mechanisms he employs in various circumstances to cope with situations that arise. Two major questions that are raised, namely, "What do I write on an application form where it asks about handicaps?" and "When do I tell my employer about my vision?" These questions must be resolved before the individual begins to look for employment. All too often, in mainstreaming, the counsellor does not feel comfortable discussing the student's impairment, or does not know much about it. Thus, it is overlooked. Consequently when the student begins a job search, he/she is not equipped to adequately handle the situations that arise.

Outward Presentation

Another important issue in dealing with self-concept is outward

presentation. Of 50 reasons listed by Canada Manpower as to why employers reject job applicants, one of the leading misdemeanors was poor personal appearance. In a world that is geared towards the sighted, a visually-impaired person is at an extreme disadvantage. Unless the basic concepts of posture, body language, facial expressions, voice tone, hygiene, grooming, dress, conversation and personality are explained and reinforced in terms of standards of acceptability, individuals will not be aware of inappropriate images they are presenting. This does not suggest that everyone should be forced to conform or coexist from one individual's standards, but to emphasis that the visually-impaired individual has a right to know what the majority of the population accepts and does. Again the controversy of standards arises. I do not wish to dwell on the issue but the basic conventionality is a reality that must be dealt with. It would be desirable if such were not so, and everyone could do his/her own thing. But, in living in a community there are standards to which one must adhere.

A visually-impaired person also has the right to decide if he/she wishes to stand out in a crowd because of his/her personal appearance. But, it is imperative that he/she be informed as to what is happening in the visual realm. Once the basics are known, the individual can then make the choice as to how he/she wishes to present him/herself.

All too often, blindisms, dirty clothes and body odor, are accepted by the general public when it happens with a blind person. The negatives are dismissed with ideas of sympathy, pity, and the stereotype of "blind helplessness". Unfortunately, along with the oversight of the negatives, so goes the person's eligibility for the job. It is a difficult and unpleasant task for a teacher, counsellor or member of the community to point out negatives to an individual. If the visually-impaired person is not open to criticism, the situation is even more difficult. Feedback, however, is a necessity. If the person is not aware of his/her outward appearance, it could prove to be a drawback in efforts to obtain employment. To date, there is not one sector of society blameless in this area. If the individual is neatly dressed and coordinated by someone else, there is a lack of self-assurance and independence that is necessary for effective functioning in today's society. In any case, the issue must be resolved by the individual and pride and self-assurance must come from within and be genuine.

Social Behavior

Social behavior goes hand in hand with outward presentation, and all too often the same awkward situation occurs. Inappropriate social behavior is overlooked, basic body language is assumed to be known, the inappropriateness ignored, and the basic understanding of what is occurring, possibly isolation, is overlooked.

With mainstreaming there is no single coordinator of services for the visually-impaired student. The family, school, community, and social service agencies are all "doing their own thing" and many times

in isolation of one another. Unfortunately, one assumes that another is working on basics, when in fact no one is. Educators and social service agencies, as well as the community, have a responsibility for ensuring that the visually-impaired have the skills they will need to function in society. Therefore, the importance of the team approach for provision of services cannot be overemphasized.

It is unfortunate that, at age 26, a young man visits a social service agency and it is discovered that he doesn't know that people nod "Yes" and "No", shrug their shoulders and gesture. He is not aware that he is inappropriately grinning when serious matters are being discussed. He is only concerned with the fact that he is having difficulty obtaining employment and he wants a job. If the issues are neither raised nor reinforced by others in the community, the individual fails to see the relevance of it all and makes no attempt to change. Thus, the perpetual circle of circumstances, of isolation and noninvolvement of the community, continues and unless an exceptional situation occurs, the individual remains unemployed.

Self Analysis

In doing self analysis, it is important that one can realistically define who one is, what one's expectations and limitations are, determine if one's goal is realistic and if one's perception of the vocation is in fact accurate. This is an activity common to anyone doing vocational planning but it is important to recognize that many persons receive information about jobs through the visual media, such as: newspaper and postings where there is more exposure to a variety of alternatives. The visually-impaired person, in an attempt to be treated "normally," is shuffled through the system and is then expected to make decisions based on information from visual resources that he/she could not see. It is easy to define "normal" in terms of sighted children, but much more difficult to define it in terms of what is normal for a visually-impaired person.

In self analysis, it is important for the individual to focus on various areas of his/her life and understand the specifics of what that area involves and how they may influence his/her vocational goal. If a person loves cooking at home, perhaps looking into chef training would be appropriate.

It is essential that visually-impaired persons, and sighted persons work together on the visually-impaired person's presentation, as well as on the community's attitude towards blindness. Because mainstreaming has only recently come to the forefront, most comprehensive career guidance or career development programs have not been in operation long enough to measure systematically their impact on student development. The ideal models of mainstreaming are far from realization.

Decision Making

When a person is ready to make a job selection, a number of variables become involved. The information and experience from which one must make the decision about one's occupational choice must be given strong consideration. One of the most important variables during this stage, is the individual's decision-making skills. If the individual has not developed such skills, he/she will not be able to make a satisfactory choice and will rely on someone else to make that decision. Too often, well meaning professionals perpetuate this inability to make decisions by their well-meaning guidance. When making decisions, if the resources the visually-impaired student draws from are limited, then the vocational choice is likely to be one with which he/she is familiar, such as disc jockey, social worker, teacher or singer. These choices are not always appropriate. The individual must be able to evaluate a broad spectrum of possibilities to select an appropriate career.

In a further attempt at self evaluation, it is important to identify one's interests, personality characteristics and the perceptions of others. The realization that because one would like to be adventuresome, does not necessarily mean that one can be. Essentially, this is coming to terms with oneself. Constructive feedback from outside resources is the best facilitator of self evaluation. One must emphasize the importance of having feedback that is constructive. The visually-impaired person does not need to hear a history of his/her faults, but needs unified cooperation from the community. Many times, the visual cues from others provide the sighted person with necessary feedback. With a visually-impaired person, the visual cues may occur, but they are not received because of the impairment. Therefore the feedback must be verbalized. Such feedback may not always be comfortable for either the producer or consumer and, hence, may not occur.

Job Search Resources

It is important for all individuals planning a career, to be aware of job search resources including private employment agencies, the various levels of government, newspaper advertisements, manpower office, and private business and personal contacts. Although most people are aware of these resources, many have not used them, or do not know how to use them. Because a visually-impaired person relies so much on verbalization, they can many times verbalize the steps and procedures necessary to pursue in their job search. However, in reality, they cannot follow through with the appropriate actions. It is important for the counsellor or educator to realize that if a visually-impaired person says, "You must go down to the manpower office and look at the jobs posted there", it is an accurate and appropriate surface statement. However, it must be followed by, "How are you going to get there?" "What are you going to do when you get there?" "How are you going to read the jobs posted on the board?" All too often, these issues are overlooked and the individual either doesn't go to the manpower office because he doesn't know how to get there, or does arrive and causes chaos because no one knows what to do,

particularly when the visually-impaired person is not prepared to give them the necessary guidance.

Applying for a Job

The procedure of applying for a job is easy to verbalize. However, when a person is applying for a job, many situations arise that would not occur if the person were sighted. The individual must be prepared for these situations and be able to handle them with ease. Practical experiences, role playing and foresight on the counsellor's as well as on the individual's part help overcome these difficulties. If, however, the counsellor is not aware of the circumstances that may arise, then again, nothing is done. Filling out application forms is an exercise that should be reviewed. But, many times learning the importance of neatness and appropriate answers comes from a written medium and the visually-impaired person has missed out.

Being able to recognize the characteristics of the employer is an important attribute and developing this skill is not easy. The person should be helped to recognize expressions of sympathy, hostility and passivity from an employer. It is important to be able to deal adeptly with this problem. The counsellor/educator must be alert to this problem if assistance is to be provided the visually-impaired person.

Conclusion

All the skills discussed are basic and vital in the process of career planning. All too often with mainstreaming there is no specific coordinator checking to make sure that the essentials are not being missed. A child involved in a regular school program, must deal with its sighted system. This, is in itself, salutary, since the visually-impaired individual must live in a sighted world and the sooner he/she comes to terms with that, the better equipped he/she will be to handle life effectively. When individuals learn to live in the sighted world they make friends with sighted people, live in their own homes, and learn to deal with life in common everyday terms. In theory all are part of an ideal system. But, problems become apparent when children are overprotected by well-meaning persons who have not yet come to terms with visual impairment.

The main goal of the educator/counsellor, as well as that of all others who work with persons with visual impairments, is not to see that the student makes a career choice but rather to ensure that the student acquires the skills necessary for making intelligent career decisions. In essence, mainstreaming has many positive attributes that are not to be overlooked. It is an excellent approach for the advancement of visually-impaired persons in a holistic sense. However, it is important to recognize some of the difficulties and, in the future, work to "iron out the flaws" and produce a more effective system.

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IMPACTS OF MAINSTREAMING DURING CAREER BUILDING AGES 13-21

It was planned originally that three articles would be prepared for this section, one focused on education, the second on career development and the third on interrelationships with family and community. However, it became apparent that the target areas were closely interrelated and discussions of mainstreaming on one area would inevitably involve the other two. Thus, although attempts were made to focus the articles on the areas indicated, each has implications for all three areas.

The first article by Scholl and Holman examines mainly the educational process, the second by Davidson is focused largely on career planning, and the third by Luxton deals with family and community interrelationships as well as with the other two areas.

IMPACTS OF MAINSTREAMING DURING CAREER BUILDING AGES 13-21

by

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Introduction

Adolescence is a transitional stage between the security of the child and the yet unknown world of the adult. Its beginning marks the termination of childhood and its conclusion signals the beginning of adulthood. Chronologically, adolescence includes the teen years, ages 13-21. The period begins with the physiological changes of puberty and terminates with the sociological achievement of full adult status. The fact that the stage called "adolescence" is defined by these two entities suggests the main characteristic of adolescence, i.e., the lack of clarification of the position. The adolescent has even been referred to as a "marginal man," namely, a person whose membership in a group is not firm and clear (Silverstein, 1973).

Although adolescence is a unique time of transition for the normal person, it can set forth seemingly insurmountable situations for the visually handicapped. The special needs, problems and challenges that nonhandicapped adolescents face become magnified for the handicapped and some may be difficult to resolve because of limitations imposed by the nature of the visual impairment (Cholden, 1958). Although the school is the setting where many of these needs, problems and challenges must be resolved, the adolescent of today attends a school that is also in transition - a transition between previously segregated programs and mainstreaming. The setting itself may

contribute to further difficulties in adjustment when needs are not recognized, problems are not resolved, and challenges are not met.

The special focus of this paper is the impact, both positive and negative, of mainstreaming on the life of the visually-handicapped adolescent. First, we will examine the special needs of the adolescent, then, how mainstreaming is being and should be implemented, and finally, the favorable and unfavorable results as they relate to the visually-handicapped adolescent.

Adolescence

Adolescence is a time of change and writers tend to characterize this age with glowing generalizations. However, close scrutiny of data reveals that these generalizations do not always fit. One fact is certain - it is a time of much variability. For some, it is a period of despair; for others, it is a time of dating, close friendships, loosening the ties to parents, and dreaming of the future. Adolescents can take on new roles and vary them daily. They can change hair styles and boy or girl friends as often as they change clothes. In an adult, this inconsistency would mean instability, but for an adolescent it is all part of the process of "trying on" different social roles to find the one that fits best. These transitional behaviors aid the adolescent in reaching adulthood and ultimately being absorbed into society and culture.

Adolescence is a product of modern times, the term having been traced to the fifteenth century (Bakan, 1975, p. 3). The delineation as a period in the life cycle was made by Rousseau in Emile when he characterized adolescence as a second birth. "We are born, so to speak, twice over . . . born a human being and born a man" (Bakan, 1975, p. 4). Although Rousseau may have been the initiator of the description of the period of adolescence, the term, as it is known and understood today, is a reflection of the social changes that occurred in America in the latter half of the nineteenth century and the early twentieth century.

Following the Civil War, the rapid urbanization and industrial growth changed the country dramatically. More than a third of the population lived in cities which were plagued with crimes, drinking, sexual immorality and vagrancy. These social conditions spurred the advent of three major social movements that brought a recognition of adolescence as a period in the life cycle into focus. These movements were: "compulsory education, child labor legislation, and special legal procedures for juveniles" (Bakan, 1975, p. 5).

Specific Needs of the Adolescent

There are specific needs that are the same for all adolescents but they may be more difficult for some adolescents to resolve than for others. The underlying direction of the developmental tasks of adolescence is the training ground for adulthood. During these years

the children are (a) loosening the ties with parents, (b) making plans for future work and careers through education and work activities, and (c) developing useful interpersonal skills through dating and social encounters. Sufficient opportunities are usually available within the family, peer culture and community for the nonhandicapped to resolve these developmental tasks but for the visually handicapped these opporunities must often be modified or structured to enable them to meet the challenges of growing up.

Loosening ties with parents

During adolescence the emotional dependency of childhood yields to a desire for self-assertion and autonomy. In order to develop an independent identity, the adolescent tests his/her expectations against those of the parents, teachers, peers and employers.

In many societies independence from the family is formalized by an initiation rite or ceremony that also reflects the beliefs and values of the society. Although our society has numerous events that occur during adolescence such as voting, the termination of, and graduation from, secondary education, eligibility for military service, no one carries the universal acceptance of an initiation rite, partly because there is no consensus as to what is sacred. Without a rite of passage, the individual does not know when he/she is an adult and therefore independent and free of parents. The nearest ritual of adolescence in American culture is the driver's license. The driver's license, also, aids the normal adolescent in loosening ties with his/her parents. It frees the individual to pursue his/her own interests without needing the parent to drive them. Depending on the place of residence, this freedom of movement is not always possible for the visually-handicapped and they are often more dependent on their parents to transport them as they expand their horizons, thus strengthening rather than loosening the ties.

A time for planning the future

Adolescence is a time for considering the future and preparing for a work experience. "For the visually-handicapped youngster many of the opportunities for career exploration, job trials, and secondary-school vocational classes are not available or are neglected. Parents also become concerned and worry whether anyone will want their child for a job, whether the job market will provide sufficient variety, or whether a menial position will be all that is available." (Jan, Freeman & Scott, 1977, p. 172). Two important aspects of employment for the blind adolescent are his/her mobility skills and who obtains the position. Many visually-handicapped persons do not go through the process of applying for a job, but accept one secured by parents, friends or agencies. Seeking employment is as much a part of the work experience as the job itself.

Dating and social skills

Adolescence presents particular problems in the socialization

process since social conventions are highly valued by the adolescent. Social ineptness and physical differences may result in rejection by peers. At the same time, for the visually-handicapped adolescent, the full impact of his/her loss becomes a reality. Sensitivity to, and denial of, his/her limitations may be manifested by avoiding close friendships with sighted peers for fear that the friendship is extended out of pity. So, at a time when social contact is most important, it may be limited either internally or externally.

Cutsforth notes that normal growth processes demand normal conditions (Cutsforth, 1951). Visually-handicapped adolescents, in order to grow normally, must have an active social life. For students in public-school programs, social activities must be considered part of the curriculum.

The social life of the adolescent revolves around visual stimuli, such as visual scrutiny of their peers at parties, gestures, and visual flirtation. The visually-handicapped adolescent is dependent on his/her sighted friends to supply this information.

Dating poses many problems for the visually-handicapped adolescent. The male, however, has a greater chance of success in dating than the female since it is still the custom for the male to initiate a date. Unless the visually-handicapped female is extremely unique, talented, outgoing and beautiful, it is difficult for her to date nonhandicapped males while in high school. The nonhandicapped male will shy away from visually-handicapped females to avoid unfamiliar and unknown situations.

In summary, adolescence poses challenges to the nonhandicapped and even greater ones to the visually-handicapped. The major developmental tasks are more difficult to achieve for the handicapped. Successful passage to adulthood is facilitated most effectively by cooperation between family and school. The "mainstreamed" setting of the school should but may not always provide an optimal environment.

Mainstreaming or Integration

For many special educators, mainstreaming is a relatively new concept. For teachers of the visually-handicapped, it is the first step in the process of integrating handicapped students into regular school programs, a process that has been underway for three-fourths of a century.

Visually-handicapped students have been educated in regular classes since 1900. For most students, this experience has been successful because they received adequate support services from qualified teachers. The more recent "mainstreaming" movement, however, is often interpreted to mean that pupils are placed in a regular class to survive as best they can. If they pass academic courses, they are "successfully mainstreamed", even though they lack social and mobility skills. If they do not pass, they stay in the regular class anyway

because the experience of sitting beside the nonhandicapped is "good for them". Regular teachers with little or no preparation for teaching mainstreamed students do the best they can.

In such mainstreamed settings, visually-handicapped students lose out not only in the acedemics but in the acquisition of skills that are essential to their adult adjustment such as, orientation and mobility. They need specialized supportive help from qualified professionals to acquire skills essential for their adult adjustment. They lack the necessary experiences for making an adequate social/emotional adjustment, they and their parents do not receive the assistance they need to adjust to their impairment, and they lack counseling to make reasonable and realistic career choices.

Mainstreaming, as it is currently interpreted in many school districts, may be doing a great disservice to visually-handicapped students because they do not receive adequate support services. Thus, unfortunately, they are "mainstreamed" but not "integrated". The difference between these two concepts is critical today because, due to misunderstanding, many of our successful integrated programs are being forced to take a step backward to mainstreaming. What is mainstreaming and what is integration? How can we insure mainstreaming will result in integration?

Mainstreaming: What it often is

Contrary to popular belief among educators, P.L. 94-142 does not mandate "mainstreaming". P.L. 94-142 does mandate that a "continuum of alternative placements is available" but that "to the maximum extent appropriate children . . . . are (to be) educated with children who are not handicapped" (DHEW, 1977, 121a.550, 121a.551). A similar mandate is included in Section 504.

Although a continuum of services is mandated, the common practice is to send visually-handicapped students, especially those in rural areas, to a residential school (Helge, 1980) or to place them in a regular class with few or no supportive services. Both these settings may be appropriate for some students, but if these are the only available options, then the intent of P.L. 94-142 and Section 504 is violated.

Placement in a regular class, i.e., "mainstreamed", meets the letter of the law but the spirit of the law requires the next step, namely, integration into the mainstream. In order to accomplish this goal, the "continuum of services" must include varying levels of support, including instruction in specialized subject areas, such as, orientation and mobility, so that pupils will receive an appropriate education.

Mainstreaming: What it should be

Martin and Hoben (1977) list three critical elements of

successful mainstream/integrated programs - an effective classroom teacher, available support from a qualified professional trained in the visually-handicapped, and a team approach by parents and professionals involved. True integration of the visually-handicapped child in a regular class requires the teacher of the visually-handicapped to work through, and with, the regular teacher.

Cooperative and collaborative teaching is essential to success in the usual school curricular areas. Additional teaching in those subject areas not included in the regular curriculum but essential to the subsequent adult adjustment is also required. These areas include instruction in (1) use of materials/devices including, when appropriate to visual impairments, braille, Optacon, auditory aids, and mathematical aids; (2) skills in sensory awareness, visual efficiency training, concept development, map reading, reference materials, social skills, daily living skills, and orientation and mobility; and (3) special subject areas such as physical education, vocational education, oral and written communication skills including typing, and human sexuality (Scholl and Weihl, 1979). A program for visually-handicapped students that does not include these special curricular areas cannot be considered to be an "appropriate education".

Even under circumstances when professionals believe that adequate support services are offered, true integration may not be taking place. The following poem expresses the feelings of one "mainstream" pupil (Martin and Hoben, 1977, p. 61):

I am lonely, so very lonely.
Nobody really listens to me, no one seems to care.
I am like an animal in a cage,
Kicking and scratching,
Longing to be free of the iron bars
Which lock me in.
People smile as they go by.
Admiring my tricks and saying how smart I am,
For an animal.
They look in through the bars of my cage
And I turn and look out at them.
But no one opens the door.
They are afraid to let me out.
They don't want to get hurt.
There are those who let me out.
I have grown to love them very much.
The rest just turn their heads and go their separate ways.
If some of them would only get to know me,
They would see what I can do.
Please unlock my cage!

In summary, mainstreaming, in the strict sense of being in a classroom with the nonhandicapped, may not help the visually handicapped to become truly integrated.

Impact of Mainstreaming on the Visually Handicapped Adolescent

The wide variation in quality of programs for the visually handicapped conducted by day schools makes generalizations difficult. This section will focus on a few of the potential problem areas and what might be done about them.

One major problem arises from the conflict between academic skills and social daily living and vocational skills. Realistically there is often not enough time in the school day to include all of these. Academic skills usually are the major thrust of the program and teachers, in their enthusiasm for participation of the students with the nonhandicapped, emphasize these skills to the maximal extent. Thus, most academically-oriented visually-handicapped students have few problems in this area. The less academically oriented have no substitutes and consequently may encounter difficulties.

Because of the need to devote so much of the school day to academics in order to enable students to remain in a regular class, daily living and mobility skills are sometimes attained in special summer programs. This procedure may be adequate for some, but it prevents the adolescent from joining his/her peers in seeking experiences for summer employment.

Vocational and social skills usually hold the lowest priority in a student's high-school program. Some of the social skills can be obtained through incidental learning through contacts with peers in school and work situations. But, many social skills need to be taught specifically for, and practiced by, the visually handicapped. Techniques needed to plan a program to refine social skills and general appearance of visually handicapped people were discussed at the Helen Keller Centennial Congress by Mangold and Augusto during a workshop on the "Image of Blindness--Good or Bad" (1980). They emphasized that students must participate actively in these programs in school; be able to explain their special needs and resist attempts on the part of others to overprotect; and when asked about blindness, be able to answer questions accurately and concisely. Students should be encouraged to solicit suggestions for improving their appearance and social interactions. Not explaining to the visually-handicapped person that he/she is doing something grossly inappropriate, hinders and further handicaps all visually-handicapped people. Social skills are exceedingly important for the visually-handicapped adolescent if he/she is to be absorbed comfortably in society. Not only should the blind person be taught such skills as how to wash his/her hair, but how often and why. The "why" of many social skills generally comes easily to the sighted adolescent but must often be taught to the blind person.

Work experiences are an integral part of adolescence that are often unobtainable to the visually-handicapped adolescent. Recent changes in federal regulations have opened a new depository of job possibilities. CETA jobs are now open to all handicapped individuals without stipulations on financial need. Many of the CETA programs

allow the visually-handicapped adolescent to retain his/her SSI in addition to earning a small stipend.

The money gained through a work experience for a visually-handicapped adolescent is not so important as the independence and social skills obtained. Through CETA, the once very difficult to obtain first work experience is now available and can be written into the student's Individualized Education Plan (IEP).

Out of school, support groups help students to develop identities of themselves as visually-handicapped persons. Sessions with peers and with adults who share their disability enable the students to view their problems more realistically.

In order to include all the above experiences that will better meet the needs of the visually-handicapped adolescent, several changes in "mainstreamed" programs are required:

1. The emphasis must be placed on true integration rather than merely sitting in the regular classroom.

2. Adequate support services must be provided the regular teacher by a qualified professional so that maximum integration can take place.

3. Instruction must be provided in those skill areas needed for adequate adult adjustment. Such instruction must also include attention to affective as well as academic needs.

4. The professional working with the visually-handicapped must assume a new role of advocacy and leadership in order to insure that integration rather than mainstreaming takes place.

Summary

Adolescence poses challenges to the nonhandicapped, but even greater ones to the visually handicapped, many of which can be met in the school setting but require a truly integrated program. In order to achieve the optimal program, changes need to occur so that mainstreaming not only meets the letter of the law, but also the spirit.

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THINGS ARE GETTING BETTER ALL THE TIME? MAINSTREAMING, INTEGRATION AND VOCATIONAL DEVELOPMENT FOR THE 1980'S

by

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Introduction

> "Further, it became certain that the blind were trained too much for the Institution, and not enough for life in the world" (p. 119).

In this book, Light on Dark Paths, Meldrum (1891) thus reports on the findings of the Royal Commission on the Industrial Blind - a finding similar to a concern expressed at the 1972 Science and Blindness symposium, namely:

> "The practice of educating visually impaired persons for a life style they cannot fulfil, particularly in daily living skills and in obtaining employment... What should visually impaired people be taught to make them effective human beings? When should it be taught? In what setting?" (Graham, 1972, p. 52).

The two quotations demonstrate that a concern for adequate preparation for the "realities of life" is by no means a recent preoccupation.

We should be warned, as Bledsoe (1974) has done, against making our current practices "look good" by presenting them as the most enlightened and successful in history. For his part, Bledsoe suggested that it may be a false notion that the employment situation for the blind has actually changed dramatically for the better in recent decades. So, with mainstreaming in education and integration in social, recreational and vocational life now being predominant features, it may be worthwhile to also look critically at the career development of visually handicapped youth and at some of the influences on it during the 1980's.

Career Development

It is probably valuable at the outset to clarify what is meant by the current term "career development", since many still hold simplistic views regarding career decision making. Modern career education concepts (q.v.) often flow from this perspective.

From many descriptions of career development, Herr & Cramer

(1972) concluded that career development is complex in nature and that it is part of the total fabric of personality development. According to the theorist Crites (1969), career development is a dynamic process interrelated with the emotional, intellectual and social development of the individual. Yet another theorist, Super (1953), sees the process of career development as an implementation of the self-concept that develops through five life stages - "Growth", "Exploration" and "Establishment" being our concern here as far as young adulthood. Holland (1966), however, maintains that members of a particular vocation have similar personalities and similar histories of personal development, and that a vocational stereotype has important psychological and sociological meaning.

Research into career development may help one gain some insights that do not come from a plethora of anecdotal reports. Davidson (1974) examined 89 visually-impaired 8th-12th grade students on three of the new career development scales. Contrary to what might be expected, it was found that:

> "The visually impaired sample demonstrates a normal career development, at least insofar as the elements of Career Choice Attitude, Exploratory Occupational Experience, and Career Planning Involvement describe the construct of career development.
>
> This suggests that a paucity of training and career options, rather than the often propounded developmental deficit of the visually impaired individual, may be the prime factor in determining later career disabilities (p. 141)."

It is of interest to note that a reasonable body of research (Cowen et al., 1961; Jervis, 1959; Zunich & Ledwith, 1965) also points toward an essentially well-adjusted visually- impaired adolescent.

So, at the very least, thinking about career development as an aspect of personality development is leading towards a more challenging view of vocational choice, preparation and potential. We are led therefore to consider factors such as the career education "Movement", vocational counselling and assessment, parental expectations, and vocational preparation, as well as variety of employment and the influences which such factors as the growth of technology and structural changes in contemporary employment have on career development.

These considerations therefore form the body of this review and are presented in this hope of stimulating the reader to consider more seriously that most important of topics - vocational choice - and to make the reader critically ask, "Are things getting better all the time?"

Career Education

The modern concept of career education has been well described

by Wurster (1975):

> "Career education is open-ended, allowing for career change or advancement and/or the possibility or probability that a person may have several careers in a lifetime. The school's responsibility is to develop awareness of - and orientation to - the world of work, for wise decision making concerning self and career is a continuing developmental process.
>
> In its most simple form, career education combines helping the student to learn to live and to learn to make a living. It should be available at all levels of education from kindergarten stage to the university level and beyond into adult education. A complete program of career education includes orientation to the world of work, broad exploration of occupational clusters, concentrated exploration of selected clusters, and career preparation for all students (p. 157)."

This line of thought was being developed already, among others, by Ozias (1970) who had been saying, in relation to visually-impaired students, that "we must not assume that a concentrated program in the last few years of high school will provide the necessary background for realistic decision making (p. 74)". At the same time, conflicting advice was being proffered, namely, "During the upper half of the secondary years, some thought should be given to post-high school planning (Bishop, 1971, p. 174)". Since then, with publicity through journal articles, workshops and national conferences, it is hoped that a wider appreciation is now held of the concept of broad time-based and experienced-based career education.

Having accepted that in-school career awareness might be raised and that exploration of occupational clusters is possible, what impediments exist in the realisation of the goals of career education? Will career development through these programmes of career education allow the visually-impaired individual, as much as anyone else, to enter the field of his or her interest, to proceed as far as wanted in that field, to draw the maximum satisfactions and rewards and also to have the option, as others do, of changing to another vocation should this be desired?

In opting for mainstreaming in education, the challenge therefore is to ensure that results similar to Bauman's (1971) survey will not be repeated - day school coordinators at the state level not knowing what local schools were doing and others believing that "the best vocational training we can offer is a good general education". More recently, Koestler (1976) echoes the same concern when she writes: "Even in many of the better public schools, blind students are not getting the benefit of a rounded education when they are automatically excluded from physical education classes, shop work or home economics courses (p. 502)".

These are certainly areas to which the segregated system of education does address itself - having as it does the teaching confidence and expertise, the relative uniformity of visual functioning and the concentrated numbers to justify teaching the prevocational skills and, in many cases, providing work experience and direct vocational preparation. In contrast, Dauwalder (1964) found that very few school districts had counsellors who were trained in handling the problems of the visually impaired, a conclusion corroborated by a study of the services to visually-impaired students in Illinois high schools (Viskant, Rex & Levers, 1969).

While the latter two studies could be considered dated, they nevertheless constitute a good benchmark and a stimulus to question the efficacy of integration as it applies to career education. Are the programmes achieving only their philosophical aim or are they so deficient in terms of manpower, facilities and funding that they cannot provide equal opportunity for life and career goals?

While it may be encouraging, too much satisfaction should not be drawn from a study of 48 9th-grade visually-handicapped students among other handicapped students and non-handicapped students (Partners in Career Education, 1977). It was found that on the CEMS (Career Education Measurement Series), the visually-handicapped students obtained higher scores on 21 of the 26 sub-categories than were obtained by the nonhandicapped students of the same grade who, in turn, rated higher than the students with other handicaps. Again, this may be additional support for Davidson's (1974) research finding that visually-impaired adolescents are not so vocationally immature as anecdotal reports might suggest.

Vocational Counselling and Assessment

One must be careful in assuming that nowadays the practice of vocational psychology has blossomed so as to enable regular school personnel to find ready vocational solutions to the presenting problems of visually-impaired students. Reviewing the "state of the art", Bauman (1975) declared it to be favourable compared with 35 years previously, but "very unfavorable if what is now available is measured by such standards as accuracy of measurement, high predictive value, ease of interpretation by even a novice counselor, excellence of norms, or quantity and quality of follow-up studies (p. 360)". Therefore, one must not be complacent in believing that guidance and assessment of appropriate quality automatically accompanies the student, particularly where the student is in mainstream education.

The provision of occupational information and guidance materials is another facet of career education. Dickson (1979), writing of the setting up of a Job Seeking Skills Program, found that little career exploration or job-seeking information has been transcribed into large print, Braille or Talking Books. Even the impressively large Final Report A Self-Directed Career Planning Program for the Visually Disabled (Reardon, 1978), while laboriously adapting Holland's

Self-Directed Search and three books on career planning (for sighted people), falls back on a taped version of the sparse information, for particular careers, of the Occupational Information Library for the Blind (Greater Detroit Society for the Blind), and the manual Career Planning for the Blind (Crawford, 1966). The latter, as well as suffering from being addressed simultaneously to both students and teachers, is far from ideal in contemporary times with its abstruse language, e.g. "The student should know how to weigh evidence in its proper perspective, crystalize his thoughts, and then settle on a definite choice (p. 26)". A further example of specialised careers information is that of CITAB - Career Information and Training Activities for the Blind (Swearengen, 1975) but 30 detailed general job descriptions, covering the 15 USOE occupational clusters, constitute the main bulk of the programme.

In summary, one might echo the call by Bauman (1975) for better vocational measurement instruments and for the establishment of professional settings in which specialists in this field can be fully trained and have well-supervised internships. Also, the recommendation of Russell & Butler (1973) for a clearing-house for vocational materials is as vital now as then. At the international level, the Blindoc abstracting service (International Labour Office, Geneva) performs a valuable service but the scope for expansion of such dissemination projects remains vast.

Vocational (Skills) Education

In his 1964 study into education, training and employment of the blind, Dauwalder surveyed 21 large school districts and found that somewhat more than half did not offer programmes involving vocational courses for their legally-blind and partially-sighted students. Whereas one third claimed "some" vocational courses, mainly in the commercial area. Less than one fifth of legally-blind and totally-blind students were enrolled in any industrial-arts course. Prior to the initiation of the 1970-72 Five-County Vocational Skills Program, Russell & Butler (1973) surveyed industrial-arts teaching in high schools and found even lower participation.

In the United States, exemplary legislation has been put into effect with the passage of the 1976 Amendments to the Vocational Education Act of 1963. Under these amendments, national, state and local advisory councils are set up and include a member who is an advocate for handicapped individuals (Halloran, 1977). Furthermore, 10% of vocational-education funds are set aside as matching funds and provision is made for the remodelling of vocational-education facilities to make them usable by handicapped students.

In recent years this legislation impetus has been accompanied by a variety of publications dealing with the philosophy and techniques of integration into industrial-arts/vocational programmes (Dillman & Maloney, 1977; Ruffino & Canterbury, 1978; Schwartz, 1977; Weisgerber, 1978). Since already conservation technical educators

have developed a reverence for safety that seems to them (intuitively) to preclude the handicapped student, it is significant that a number of authors (Bond & Weisgerber, 1977; Brant, 1979) have concerned themselves with the attitudinal barriers that militate against such well-intentioned legislation.

A broad challenge lies therefore before countries without such positive legislation to work towards earmarking funds for the vocational education of handicapped students and then, having obtained such legislation, to work towards its practical implementation. Enlightenment should see buried any findings similar to those of the Report presented to the Australian government's Technical and Further Education Commission (Kangan & Smith, 1976):

> "Exceptions notwithstanding, the blind and the deaf will tend to direct their vocational expectations towards white collar and blue collar occupations respectively... In terms of technical college and similar training, blind students will seek theoretical, certificate type courses with minimal sight requirements and deaf students will look to courses with a strong manual bias because of their communication handicap. The fact is that the blind cannot see and this restricts their capacity for manual type work - especially the congenital blind (p. 3)."

Parental Expectations and Higher Education

Recently, Brolin & Kolstoe (1978) have suggested that families are not being sufficiently supported and involved in the career-education experiences of their handicapped children. Over the years, a number of authors have pointed to a deficiency in effective work-oriented modelling by the parents and family of the visually-impaired child (Bauman, 1971; Dickson, 1979). Bauman suggests that over the years, the growth in commuting to jobs and the increased security precautions of workplaces have become intervening factors in the child, and particularly the visually-impaired child, being involved in and observing a parent's work.

A study by Hyman, Stokes & Strauss (1973) examined the occupational aspirations of adolescent blind children and their parents' aspirations for them. The authors concluded that blindness was only rarely regarded as a handicap that compelled the lowering of occupational aspirations since approximately 55% of mothers, both white and black, expected that their blind child would enter a professional occupation.

Some time ago Edwards (1970) pointed to parents' goals not being in keeping with the blind students' abilities and experiences. More recently, Chapman (1978) warns of the tendency in careers advice to upgrade visually-handicapped young people above their capacity. He stated that "the type of work that they would undertake if they were not visually handicapped being perhaps a measure of the appropriateness

of the work in which they actually engage (p. 129)".

In view of the high proportion of visually-impaired youth enrolled in college programmes in the United States, a number of commentators have questioned whether this academic progression is simply a postponement of reality (Hatlen, 1972; Koestler, 1976). According to Dauwalder (1964), counsellors are familiar with college but not with vocational and technical occupations.

Involvement in higher education should be seen in the light of locally available information. In Australia, for example, where the average growth rate in graduates has exceeded 10% per annum over the last 20 years (Department of Employment and Youth Affairs, 1979), a problem of absorption has existed since 1974 and is projected to worsen in the 1980's. In the United States, unemployment for all graduates has risen from 1.0% to 2.4%-2.4% to 6.1% for 20-24 year olds-over the period 1969-1976 (U.S. Department of Labor, 1979). Overall, about one in four graduates who entered the U.S. labour force in that period was either unemployed or took a job not sought, or filled, by graduates in better times.

Although the official solution to an oversupply of blind graduates in Israel is the same as for sighted graduates, i.e. professional retraining (Sokolik, 1976), the necessity to exercise such a difficult option would be minimized if occupational forecasting advice were made available to visually-impaired students. Alternatively, the vigorous establishment of attractive, viable training courses appears a better solution for the 1980's.

Post-Secondary Vocational Preparation

Successful blind people stipulated a better than average training when they were asked by Kenmore (1973) about the factors leading to their success. Whereas some countries have sought training for open employment predominantly through specialised segregated facilities, other countries have opted more for the usage of community training facilities. Nevertheless, technical schools are, as Kenmore (1973) pointed out, still largely an unused source of further education for blind youth.

A possible reason for reticence in using these facilities, apart from the attitudinal barriers referred to earlier, is a lingering doubt that problems will not be met with adequate patience, confidence and proper adaptive techniques. The Vocational School for the Blind and Partially Sighted (St. Gallen, Switzerland) states that "we cannot imagine a training of blind people in local schools. We feel that training should take place in a specialised centre (Personal correspondence, 1978)".

Only sketchy reports exist of attempts in the United States to utilise fully community technical facilities (Borchert, 1966; Volin, 1974) such as the long-range results of such training programmes as

those in the Allied Health field being undertaken at St. Mary's Junior College, Minneapolis and at the Regional Technical Institute (University of Alabama). These need to be disseminated on both a national and international scale.

More well known are the specialised facilities for the blind. In the United Kingdom facilities such as the Royal National College for the Blind and the North London School of Physiotherapy have won national and international recognition. The Ermelo Industrial School, founded in the Netherlands in 1976, currently provides apprenticeship training for some 50 blind and visually-handicapped youth in electronics, upholstery, chair-caning, piano tuning and bookbinding (Blindoc no. 345, 1980). The Vocational School, St. Gallen, provides apprenticeship training beginning at 15-16 years of age and every year up to 20 qualified students enter industrial metalwork firms (B.S.B.S. Prospectus, St. Gallen, 1970). In Australia at the Royal Victorian Institute for the Blind, Melbourne, a specialised switchboard training course has been in operation since 1967. Set up and progressively upgraded in cooperation with "Telecom," it can provide training on any switchboard currently approved for use in Australia. In the United States a variety of specialised programmes have come into existence over the years and many claim extremely satisfactory placement rates. Among these would be Taxpayer Service Representative training (Arkansas Enterprises for the Blind), Industrial Electronics (Industrial Training Laboratory, Florida), Small Engine Repair (California Industries for the Blind), Massage Therapy (Michigan School for the Blind) and the numerous Business Enterprise (Vending Stand) training programmes.

Sometimes it is a practical consideration rather than a deep philosophical commitment that suggests the use of community training facilities since there do not exist the number of students year by year to justify setting up and maintaining specialised courses for the visually impaired. Supporting this thinking would be the argument that there is sometimes pressure to enroll students to maintain a specially mounted course, irrespective to some extent of both the student's interests and capabilities.

Where there is a substantial utilisation of community training facilities, there should be a realisation of the high level of support that may, at times, be necessary for both the instructor, fellow students and the visually-impaired student. A middle ground suggested by some, and in operation in the U.K. at the North Nottinghamshire College of Further Education, is to concentrate special services in a nominated regional college and there to promote the integration and support of a wide grouping of disabled students in a variety of training directions. The coming decade offers the opportunity to experiment with this wide mix of approaches to vocational preparation.

Employment Variety

As more visually-impaired people enter the mainstream of

vocational and social life, so the expectation that they have the opportunity to follow their vocational interests emerges more fully. As Kenmore (1973) has said, "The goal of the present and the future should be to recognise each young blind person and to educate him well enough that he will be able to enter the field of his choice rather than one chosen for him (p. 112)". Even for the totally blind, Dauwalder (1964) claims that some 5,000 job classifications are potentially open, with considerably more for the visually handicapped.

Yet, it would not be unusual in many countries to find restricted opportunity with regard to type of employment. For example, a 1978 study in Ireland (Blindoc no. 338, 1979) discovered that 60% of visually-handicapped workers were in the field of telephony. Similarly, in a survey of 644 legally-blind adults, Bauman, Crissey & Scholl (1969) found that more than half the males surveyed were employed in only 13 occupations and more than half the females were in nine occupations. In Holland, 65% of working visually-handicapped people are either manual workers or in lower administrative functions (Blindoc no. 279, 1978), whereas in the U.S., Dickey & Vieceli (1972) found 600 of 1,733 placements to be in "industrial" work. In view of this pattern, Bauman, Crissey & Scholl's finding (1969) that approximately 90% of the legally-blind adults interviewed earned less than the median U.S. income from their principal job is not surprising.

While admittedly referring to specific cases, S. M. Green reported to the 1980 Triennial International Conference in Manchester of blind people being employed as farmer, musician, teacher, hatmaker, coal dealer, florist, phrenologist, printer's assistant, foundry man and bookbinder among others (Bledsoe, 1974). Surveys conducted since then have continued to demonstrate this vocational versatility, but the challenge remains to see a wider dispersion of visually handicapped into demonstrably viable fields. It would be hoped that a 1990 critique would not reiterate Dauwalder's (1964) opinion that "the same groups of visually handicapped are still being prepared for about the same jobs in about the same ways (p. 219)".

An associated problem that besets many visually-impaired people is that of limited upward mobility, i.e., many are underemployed rather than unemployed. The problems of upward mobility, often accentuated at the middle level rather than the management and senior level, must be increasingly addressed if we are to look back on the 1980's as a significant period.

Unemployment and the Growth of Technology

For those working in sheltered employment there is shelter, to some extent, from the vagaries of national economies, structural unemployment and unemployment as a result of technological replacement. For the visually impaired in mainstream employment this is not the case. In Holland, some 33% of visually-impaired persons of working age are in open employment (Blindoc no. 279, 1978) whereas in Dublin (Ireland) almost 40% are working in open paid employment - in a

country where a 3% handicapped quota employment scheme is in operation. Similarly, Kirchner & Peterson (1979) in the U.S. report that less than one third of working age visually-disabled persons are in the labour force, i.e., they have jobs or are looking for work. Interestingly, however, this report concluded that among the visually disabled in the work force, 80% were actually employed. These recent figures agree with earlier reports of rates of unemployment in the U.S. far in excess of those for the general population (Bauman et al., 1969; Buell, 1956; Fitting, 1955; Hatlen, 1972; Hyman et al., 1973). In the U.S.S.R blind people are considered to have "practically" full employment (Khafizov, 1978) through either higher special education or employment as workers in the training-production centers of the All Russia Association of the Blind.

There appear to be no studies that have examined the employment situation of visually-impaired people in sufficient detail to ascertain the effect of increasing general unemployment. Although believing that deteriorating economic conditions do in fact reduce both the absolute and relative success probabilities of the disabled, Levitan & Taggart (1977) state that this is, as yet, unproven. However, these authors quote HEW surveys that have shown declines in both labour force participation and employment of the disabled when these indicators increased (1966-1972) for the non-disabled. Levitan & Taggart attribute a likely continuation of this trend to "structural shifts in demand, increased competition from women, youth, and illegal aliens, as well as (to) more attractive and readily available income support options (p. 26)".

In addition to overall levels of unemployment, the shifting pattern of structural unemployment must impinge on the visually-impaired worker in society. Using employment data collected by the U.S. Department of Labor, the Sensory Aids Foundation (Blindoc no. 331) specified five broad occupational groups as those in which the majority of expanding job opportunities will fall in the first half of this decade. These are 1. Clerical Workers (up 28.2% from 1976); 2. Professional and Technical Workers (18.8%); 3. Operatives - assemblers, packers, machine operators (16.4%); 4. Service Workers (23.3%) 5. Craft Workers - highly skilled machinists, tool and die makers, etc. (21.2%). Approximately 35 jobs are then listed with the advice that, for preference, visually-impaired and totally-blind persons seek education and employment in these fields.

Statistics gathered by the RNIB Employment Working Party (1979) do indicate a shift in the employment of blind people. In 1964 the ratio of white collar to blue collar placements in the U.K. was 1 : 2.7 but by 1976/78 the ratio had already shifted to be more closely 1 : 1. This parallels the higher growth in white collar work projected for the U.S. to 1985. The RNIB Working Party went on to warn that although this trend was expected to continue, "it was a fact that a number of blind people would be either unwilling or unable to work in commercial and professional fields, and industrial opportunities would therefore continue to be of vital importance to blind people (p. 149)".

Of even more importance is the increasing prominence developing in some countries to the problems of the multihandicapped and severely disabled. When there is movement towards obligatory service to the severely disabled, Levitan & Taggart (p. 89) suggest that the resultant decline in placement may adversely affect government support and lead to rehabilitation cutbacks. In this respect, with an increasing emphasis on cost/benefit analyses likely in rehabilitation, one should not draw too much comfort from the 1969 Florida study that found the highest cost/benefit ratio (86 : 1) to be for non-white, visually-disabled high-school graduates who were under 25 years of age (Levitan & Taggart, 1977).

Finally, there is a vexing question of the impact of technology in the workplace. Different predictions abound, from the dire predictions of some unions through to the submission of Australian Treasury Paper no. 7 (1979) that claims that an increase in the rate of technological change of some hundreds of percent would be required to increase unemployment even one percentage point. Hockel (1979) of Germany predicts that in the next five years microelectronics will cause up to one in ten of technology-affected jobs to be actually lost and, by 1995, half of all jobs will be affected by the new technology, although Hockel declines to speculate on losses at that distance.

In considering this same question, the RNIB Working Party concluded that factory work for blind people would decrease as a result of technological development unless intervening research efforts were made to adapt as many jobs as possible with that same technology. Looking to the future, we might question whether the general Western approach continues to be too "laissez faire", or whether future services will embody at least some elements of the U.S.S.R.'s "rationality of employment" (Libman, 1978). In that country, a Research Institute of Vocational Assessment and Placement of the Disabled has developed a "Reference Table" that is used for determining the category of disease and the type of setting of employment based on researched contraindicated and indicated factors, combined with job analysis of available work. In the U.S., Cornet (1977) has made a number of recommendations regarding technology and the rehabilitation of blind people, including (a) a national clearinghouse, (b) such agency appointing a designated specialist in technological aids, (c) an annual conference relating to technology and work, (d) inter-agency liaison, and (e) assessment of aids in relation to the job placement process.

One cannot avoid the conclusion, therefore, that in relation to the career development of visually-impaired youth, the characteristic patterns of awareness, exploration and then decision making are complicated by this explosion of technological advancement, job alteration and job redundancy. But, as the RNIB Working Party recommended, with monitoring of the changes and the sustained effort of concerned rehabilitation professionals and technologists, the situation may be alleviated or the tide even turned to the advantage of the blind person. As but two examples, the advent of the "Talking

Typewriter" opens up the modern field of word processing to blind people, while sophisticated electronics and Closed-Circuit Television has opened up VDU operation to those with low vision.

In Conclusion

Mainstreaming in education and integration into the social and vocational life of the community add complexity to the career development of, and career opportunities for, visually-impaired youth. While Gellman (1974) has suggested a range of "futurology" factors to consider, it is hoped that this review, focused as it has been only on career preparation and occupational trends, will form a stimulus for people to consider perhaps more deeply the problems and challenges as we enter the coming decade.

While this review has touched on many suggestions, the author would like to conclude with the proposition that a major breakthrough will be the establishment of an international journal pertaining specifically to all aspects of the employment of blind and visually-impaired people. Interested people now have difficulty telling whether things are getting better, or worse, so dissemination of knowledge with respect to career development opportunities should be of the highest priority. The vocational field in its entirety needs to come out of its continuing Cinderella category and be seen as a major goal of educational and life preparation rather than the incidental one that much agency work and journal space would seem to imply.

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A JIGSAW PUZZLE: CONSTRUCTING A SOUND BRIDGE TO ADULTHOOD FOR VISUALLY-HANDICAPPED ADOLESCENTS

by

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Introduction

Much has been said in the literature of the difficulties that young blind and visually-impaired children experience in the formation of a self-concept, concepts of the world and other individuals in it, and their relationships with the external world. Dr. Robert A. Scott, sociologist at Princeton University, for example, traces the problems as he sees them, beginning in infancy, and extending through the school years. Reams have been written on the developmental lags and the difficulties visually-impaired children have in learning to play, learning adequate motor skills, and even in learning to use the language in the same way others use it.

The amount of material available, however, to help one understand, and be helpful to, the adolescent with a visual impairment is disturbingly meager. The reasons for the paucity of material are unclear, although some speculations may be offered. Education in general has tended to place its emphasis in terms of theory and research on the younger child. Preservice teachers of secondary school students are advised to focus on the content areas of English, science and mathematics. Special education has tended to follow suit. It has failed to face the fact squarely that there are developmental and learning problems for many secondary and post secondary visually-impaired students that must be addressed.

The aim of this paper is threefold, namely, (A) to discuss some of the problem areas that appear common among blind and visually-impaired adolescents, (B) to describe some ideas and programs that speak to some of these problems, and (C) to raise some so-called attitudinal factors that may be important to the development of these young people.

The observations made here are those of the author, and are based largely on experiences drawn from work with the Teachers College Project for Handicapped College Students, one of the Regional Education Programs funded by the Bureau of Education for the Handicapped. The purpose of the Project was to assist colleges in the New York metropolitan area as they sought to incorporate students with disabilities into their programs. For many of them, Act 504 required that they

view these students from an institutional and policy perspective for the first time.

The Project, staffed by two full-time professionals, a secretary, various Project assistants, and a half-time Director, had a threefold thrust. The thrust included (A) working with individual students who had either been referred by campus personnel, or who had referred themselves to us and who were experiencing problems in school. Our goal was to find out the true source of the problem, make recommendations, and sometimes actually provide services toward a solution, such as tutors, readers, or personal counseling; (B) working with colleges and university programs at all levels of the institutions from Buildings and Grounds to the President's Office, to help them make full use of their own resources and those of the community; and (C) disseminating information, and fostering communication among institutional programs, and disabled students themselves. There was a strong commitment to lessen the number of times the proverbial wheel had to be reinvented.

A large part of our work was assisting disabled students in their quest to be full participants in campus life. As a result, the Project staff worked with more than three hundred students. The disability group that presented itself most often was that of students with visual problems. It was inevitable, therefore, that certain trends and problem areas would come to our attention.

What We Saw

The following is a description of problem areas of which we became aware as we worked with disabled students in general, and blind and visually-impaired students in particular. In no way are we suggesting that all visually-impaired students exhibit all these qualities. Many are well-prepared, able to solve problems as they arise, and have great success in their college experiences. At the Project, of course, we rarely saw such students. The qualities outlined below have been painted broadly for the sake of clarity, and because one or more of them did appear, to a greater or lesser extent, in many of the people with whom we worked.

The first disturbing phenomenon that was observed was one that freshman English teachers and professors notice in most students today, an appalling lack of personal study skills. The braille skills of totally-blind students tended to be poor. Their ability to use slate and stylus was far below that required for the taking of class notes, and no other system had been developed for this purpose. Typing skills were poor, and many students failed to sense the need to present school work in a neat, readable and coherent form. Neither did many low-vision students have effective methods of taking notes in class. Many were unable to write well enough and quickly enough to make writing a sensible option, but they staunchly refused to consider braille. Students tended simply to walk into class, turn on the tape recorder, and assume that the learning was being handled for them.

For the low-vision student, the problems of being a sort of "marginal man or woman" extended to many other spheres. One of the more critical was travel. We found that "looking sighted" had taken on such a high value for some of these students, that their methods of getting about were sometimes unsafe. One wonders if professionals might not be able to do something to lessen the incredible distinction that is made between being "blind" and being "sighted." If so, all students might begin to use their various options in travel aids, communication aids, and the like in ways that would be truly growth-enhancing. More will be said later on this point.

We found that many youngsters did not have an accurate picture of themselves in relation to their peers. Students tended to think either that they had complete capability in a particular field, or that they were totally unable. Many of these students seemed to be working with a serious lack of information concerning their own strengths and limitations. One student, for example, had always been told that she was brilliant. Thus, she concluded that when she had problems in her academic career, they resulted from discrimination on the part of the authorities at the university. She had not come to grips with the fact that she was not exhibiting the requisite ability to follow through, to stay with a project or a course, and simply sit down and crank out the work required. Another student was convinced that school of any sort was out of the question for him. He didn't like it, and couldn't do it. When this student was put in an environment where materials were available, and was given the opportunity to try his hand at a new field of study, namely, data processing, his talents became evident, surprising many, himself included.

Finally, one quality that seemed to dominate the lives of many of the students was a generalized noninterest in reaching out to life. Another quality that seemed to dominate the lives of many of the students was a generalized lack of interest-an ennui. It made itself evident when a procedure or some other bit of information would be explained to a student and the question would be asked "Does that make sense. Do you understand?" The answer would always come back in the affirmative, but it was clear, even at the moment, that understanding was not present; that the affirmative answer was being given to please, to end tension, or perhaps to avoid facing the fact that the student did not understand. Students were often reluctant to make decisions or to try anything new. One did not often notice enthusiasm of sparkle from such students. They gave the impression of people who were much "held back." Clearly there were many things they wanted and needed to know, many things they wanted and needed to do, but the first steps toward realization were not taken.

It is little wonder that students with one or more of these difficulties encounter major roadblocks in their academic, vocational and social endeavors. For example, if one has reached the conclusion that people discriminate against him/her in academics, he/she may well respond similarly in employment or social situations. It may be that parents, teachers and others who have significant contact with these students during their junior-high-school and high-school years find it difficult to be forthright and honest about personal, social and

academic issues. In the name of being loving and helpful, one can sometimes keep things from the student that he/she desperately needs to know. If one can look, with the student, at the areas where work is needed, there is a likelihood that the student will move in more positive and rewarding directions.

Some Positive Approaches to Change

Two concepts will be mentioned that appear to have some bearing on the problems we are considering, and then programs will be described that exemplify and use these concepts to good advantage.

The importance of interests

Dr. Robert Russell, a Professor of English at Franklin and Marshall College in Pennsylvania who also happens to be blind sees a "liberal education" as critically important particularly to disabled young people. His view of the term is unique since he does not claim that its essential features were derived from courses given by the humanities division of various institutions of higher learning, (Russell, 1980). To paraphrase his definition, a liberal education consists of anything that "leads forth the capacities of the learner," and invites him/her to become "fully engaged" in the complex and wonderful process of being human. Put another way, anything that draws an individual "out of himself," allows him/her to explore, to grapple, to appreciate, to discover, is part of a liberal education. The ability and willingness to reach out, and to reach in toward these goals must be nurtured and honed every bit as much as the ability to read and cipher. One likes to hope that, in the truly educated individual, all these abilities become unified and mutually enhancing. Russell describes his own enjoyment of auto mechanics for which he would never expect to be hired. Yet, the very process of grappling with an engine and occasionally finding the source of the problem provides stimulation and delight.

It is acknowledged that young children with severe visual impairments tend to miss out on a great deal of so-called incidental learning. When these children reach adolescence, to what extent do we foster opportunities for them to catch up on their awareness of the world? This does not mean simply getting a chance to touch an automobile engine or to learn how the parts go together, but rather to have the chance to take it apart, to play, to make mistakes and be able to realize for themselves the processes involved in making it work. Often one thinks one has done something for a youngster, if he has had one chance to touch a saw, cello, or potter's wheel.

Genuine opportunities to develop knowledge of, and interest in, the things that make up the stuff of every day life, cannot help but lead to increased energy and motivation, to say nothing of the actual skills or abilities that may come to light. In addition, a teacher or counselor who can and will lead the student into substantive areas of learning outside the traditional academic sphere, will often gain the

respect and trust of that student on a new and vital level. When this happens, a channel is often created through which a student's difficulties in various personal growth areas may be effectively addressed.

The need for full perspective

Many of the visually-impaired students who came through our doors at the Project saw themselves as "the Lone Ranger." Underlying many of their words and actions was the unstated premise that "I can't look different, "or "I can't seem to need, or God forbid, ask for help with this." This is especially true for students who have some useful vision. They expect that the rest of the world must think of them as "sighted." They must, at all costs, not appear to the rest or the world, and particularly to themselves, to be anything approaching "blind." Any low vision specialist can attest to this in terms of the reluctance or even refusal of an individual to use optical aids in public.

Even students without vision at all want to appear as "sighted" as possible. They certainly do not want to act "blind," or do anything, even if it be to ask an honest question, that might imply that they are not on a par with their sighted peers. Teachers and other professionals, knowingly or not, have reinforced this concept in the name of being better able to "compete in the sighted world." Such a view of the world and of oneself can have subtle and serious consequences for a youngster. It is appalling to realize that this emphasis on appearance, on whether or not one can manage to "look the part," can prevent the student from asking for and receiving help in the form of aids, training, or simply information, that could ease and enhance his/her life. Further, these gaps in learning, if allowed to persist, become part and parcel of a student's view of him/herself and his/her own abilities. Instead of asking, "I wonder how I might be able to take notes fast enough to keep up in class?" the thought becomes, "I can't take notes in class." "I can't go to college, I couldn't keep up."

The problem is compounded by our present preoccupation with mainstreaming. A student trying to "make it" in a mainstreamed situation is allowed to express concern and interest in those problems and questions common to all his/her peers. He/she dare not, however, admit to his/her questions and apprehensions that will allow visually-impaired students to spend significant time with peers, both with and without visual limitations, and with all levels of such limitations.

We need to foster situations in which students are less burdened by the evaluative distinctions so often and so subtly made regarding individuals with varying levels of vision. When such groups are brought together around particular interests, as mentioned above, important learning can take place. Students are given the opportunity to see firsthand that there are many ways of accomplishing a task. Tape recorders, magic markers, slates and styli, and pencils, all may be involved in the efficient recording of information for one's own use.

Thus, the paraphernalia assumes secondary importance and the task and its accomplishment become paramount. Appearing "sighted," "normal," "not different," can become less meaningful than genuine learning. At times, such a perspective can emerge in a resource room setting. This is difficult, however, since the purpose of the resource room is to prepare the youngster to move out to "make it in the sighted world."

The following are brief descriptions of two programs with which the Teachers College Project was associated, and which we believe offer unique opportunities for visually-impaired young people. One of these programs focuses on the arts, whereas the other involved data processing. Both manage to capture the interest, imagination and trust of the student participants in a way that allows growth to occur in their understanding and in their lives.

The National Theatre Workshop of the Handicapped (NTWH) is a new school based in New York City, that offers training in theatre arts to people with disabilities. The school's founder and Director, Brother Richard Curry, has been for many years a teacher of theatre with nondisabled high school and college students. Disabled himself, Curry has also done some professional acting. NTWH was founded to begin to bridge the gap in the experience of many disabled people in this area. Classes are taught by persons who are professionally involved in theatre.

Several features of this program are worth noting, the first being the emphasis on content and substance. The focus here is on learning the art and the craft of acting. It is not an evaluative, rehabilitative, or theraputic setting. Members of the staff are people who are professionally involved in theatre. Thus, students can enjoy learning without the fear that someone is going to be writing reports and drawing conclusions that will affect their lives at the end of a semester of a year.

The second aspect of the program derives from the first, and concerns the way in which disability is handled. Disabilities are transcended rather than denied. In many traditional agencies and schools for the blind, when theatrical productions are attempted, efforts are made to have the actors "look sighted." They are taught to imitate certain visual conventions, and often a kind of woodenness results rather than a true projection of a character. As stated earlier, however, the NTWH emphasis is on acting. Therefore, the student is encouraged to drop any external or preconceived notions of what something or someone "should" look like and to become increasingly aware of the essence of the idea, the quality or feeling to be expressed. Thus, instead of learning that many people who are angry clench their fists, a student learns through practice, to bring his/her own experience of anger under control. He/she learns what happens to his/her body, his/her face and his/her emotions when anger occurs. He/she learns in a sense to be angry on command. When control, concentration and honesty are brought to the task, very "readable" physicalization of the emotion or idea, or character in question

results. Through various mime exercises, students learned that by getting to the essence of a particular action or idea, it could indeed be communicated to others.

When the focus is on the qualities to be projected, any gesture that does not work, is forced or irrelevant, can be allowed to fall away without scaring the individual into thinking that every move he/she makes in social situations is awkward or strange. At the same time, the individual will be able to increase his/her "physical vocabulary," since character study by its very nature includes consideration of ways in which different types of people in different states of mind might express themselves. The result of such an approach, after two years of operation, has been an increased confidence and an increase in social ease and grace perceivable to the students themselves, and to those with whom they have contact.

The second program that has offered some unique opportunities to blind and visually impaired young people is the summer workshop offered each year at the Baruch College Computer Center for the Visually Impaired. Over the past four years, this course has brought together people with visual impairments from high school students to Ph.D. candidates, in order to acquaint them with the rudiments of data processing, and train them in the use of the various specialized equipment that has, in recent times, rendered the computer accessible. When students first enter the program, there is often thinly veiled panic. Change is readily apparent to the observer, however, as the group becomes seized by the subject and the learning process, and begins to suspect that, after all, computers and their use need not remain forever mysterious. Individuals in the group begin to see that here might be a tool that could be enormously useful in studies, or in other careers in which the storage, retrieval, or management of information is an issue.

One student who was a senior in college and had spent his entire school life as a "mainstreamed student" reported that it was wonderful to have the opportunity to meet people with similar interests who were also blind, just to have a chance to compare notes. Not only were notes compared about various techniques useful in the performance of tasks, but this same student and others learned that it was possible to like and come to respect other individuals with similar visual impairments.

Younger students were able to spend time with older and more experienced individuals. We speak often of the importance or role models for visually-impaired youngsters. Here is an instance in which such modeling occurred naturally, simply as a function of the broad range of people attracted by the content of the course. As with the theatre program described above, the emphasis was on content learning. Students learned, however, that in order to deal with the content successfully, other skills were needed, such as adequate mobility, note-taking, and the ability to communicate effectively with others. As an additional benefit, the course took place in a college environment where

normally sighted students were also struggling to learn to be "literate in computerese."

Neither of these programs had rehabilitation or remediation as their major objective. Neither boasted elaborate psychological testing, or weekly group therapy sessions or lessons in social skills. Yet participants in both programs gained in knowledge, skills, confidence, the willingness to take risks.

Matters of Thought

As professionals working with blind and visually-handicapped youngsters, we must recognize that the ideas that we hold regarding our students, their disabilities, abilities and possibilities, will inevitably have their effect on the ways in which the students view themselves. In the course of the Project, those of us who worked directly with students became acutely aware of some of the ideas which, if clung to, could really hurt students. These are hardly new, but they nonetheless bear repeating.

In our efforts to be warm, accepting and empathic, we are sometimes tempted to protect students. Honesty regarding what a student is putting out-academically, socially and interpersonally-is probably one of the most valued of qualities in the adults with whom he/she works. If we are to believe Dr. Scott, adolescence, a time of incredible change for everyone, is the time when many blind and visually-impaired youngsters find that the manifold impressions received from reading, listening, touching, and attempting to engage with the world, will be coming together to form a sense of that whole and their place in it. At such a time, if the picture created is to be a true one, honest feedback is essential.

This notion of honesty ought not to be confused with the tendency to be judgmental, "You should know that by now." "Didn't your family ever teach you that?" We need the kinds of attitudes that invite and tease the student into asking those small questions about him/herself or his/her world, of which he/she is so afraid. Yet their answers can bring the pieces of his/her own evolving picture of things into greater harmony.

We need to be cautious about the judgments we may implicitly suggest concerning the value of people. When we encourage a student to spend all his/her time with "normal kids," what is our unstated conclusion regarding youngsters with visual or other impairments? Are we making it more difficult for that student to respect others with his/her own disability, and perhaps even him/herself? This in no way is to be construed as a pitch for a return to the residential school as the center of life for a blind or visually-impaired youngster. It is only to say that we may need to balance the scales of our own thoughts, so that the youngsters with whom we work might learn to be equally comfortable with blind, visually-impaired, and sighted people alike, and thus be open to the benefits that can accrue from experiences

with all.

We need to be aware of our own responses to the multiplicity of options in communication and visual aids available to adolescents. How do we respond to braille, for example? Do we see it a difficult-to-learn, only-to-be-used-in-a-crunch sort of medium? In fact, many students with severely limited vision could benefit from a working knowledge of braille, but they tend not to learn it, since they would be seen as "blind."

Does the presence of a closed circuit TV, a talking calculator, or an individual's optical aid create tension for us in the classroom? Are we able to make use of the new technology that holds such promise for blind and visually-impaired people, or do we find it mystifying and thus easy to avoid?

As the young people with whom we work have opportunities to develop real interests, as they have an opportunity to come together in natural learning environments with both sighted and non-sighted peers, they may well pick up the motivation and some of the tools to address the kinds of problems we listed at the outset. Then it may well be hoped that the pieces of such a youngster's own particular puzzle will come together to form a dynamic whole out of which he can learn, grow, and live.

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IMPACTS OF MAINSTREAMING ON ADULTS - AGES 22 AND ABOVE

As with the two previous sections, the ramifications of mainstreaming are dealt with in three areas - education, fulfilling careers and interrelationship with the family and community. The emphasis in this section, however, is on the adult with whom problems may differ somewhat from those of youth. With many adults, mainstreaming occurs many years after the onset of the visual impairment during which time appropriate services were not rendered. With others, mainstreaming occurs when some traumatic event caused the impairment after the individual had established a life style. The articles were prepared in these three areas by Charles H. Monroe, Jr., Corinne Kirchner and Arlene R. Gordon, respectively. Obviously it was not possible to deal discretely with each of the areas since they overlap greatly with one another. The articles, therefore, besides targetting at these separate areas, illustrate the interrelationships among them.

THE IMPACTS OF MAINSTREAMING

ON THE

EDUCATION OF VISUALLY IMPAIRED ADULTS

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Introduction

The intent of mainstreaming for adults is to help them live, learn, and work in typical settings in which they will have the greatest opportunity to become as independent as possible. Mainstreaming may be defined as the integration of handicapped with nonhandicapped adults in every facet of life. It provides a means whereby the handicapped adult can participate in the normal activities of life and gives nonhandicapped persons the opportunity to learn and grow by experiencing the strengths and weaknesses of their counterparts.

Handicapped adults, who participate in regular daily activities as welcome members, can also learn and grow through the acquisition of new skills. For some, it may be the first opportunity to experience what a person with a particular disability can actually achieve. Working and socializing with other handicapped and nonhandicapped persons encourage the individual to strive for greater achievements. Working toward and completing new goals results in a healthier and more positive self-concept.

Mainstreaming also benefits nonhandicapped persons since they can learn to accept and be comfortable with individual differences. Research demonstrated that the attitudes toward the disabled, of those who are not handicapped, become more positive through exposure in work and social encounters. They learn to recognize handicapped persons as individuals who like themselves, can do some things better than others.

Mainstreaming can also be helpful to the family members of an adult with special needs. As the handicapped adult is integrated into the mainstream of life, the family members feel less isolated. The new events experienced by the family member as a result of this integration, often provide them with more beneficial insight. As they observe more positive progression and interaction of their loved one they can begin to think more realistically.

Our role as educators, employers, family members, and other professionals is to bring about successful integration of the handicapped and the nonhandicapped through mainstreaming. We should endeavor to keep abreast of the new technologies and methods available to achieve this goal. This should be a continuous and rewarding experience for all involved.

Education

From the outset, acceptance of the individual and his impairment is of the utmost importance in the formation of a realistic positive self-image. In many cases it is not until a person enters adult education that he/she forms the self concepts that "... fall into three major areas: self-image, relationship to others, and control over one's life..." (Weinstein and Fantini, 1970). A poor self-image is often a result of a lack of understanding, fear of the unknown, and ignorance of an individual's abilities by both the person with the impairment and the public.

In order to form a positive self-image, the blind or the visually-impaired individual must not only recognize and accept the realistic limitations imposed by the impairment, but must also be prepared to accept the adoptive behaviors necessary to continue functioning independently (Monroe, 1978). When the individual recognizes and accepts those adoptive skills necessary to cope with his/her impairment he/she is well on his/her way to a more positive self-image.

When the blind or visually-impaired adult is mainstreamed into an educational situation, the degree of success with adoptive skills will be put to the test. Only at this time will the individual's innate abilities be free thus permitting him/her to reach the highest level of achievement. An individual's notion of his/herself, his/her self-concept, his/her self-image, his/her self-worth is directly related to his/her acceptance by others and/or the number and degree of successes in life.

Often blind and visually-impaired adults have met with failures and discouragement because information has not been available to them,

their parents and their educators. This lack of information, coupled with prejudice and bias attitudes, have resulted in inadequate higher education. Research statistics show lower levels of educational attainment are related to higher degrees of disability. The totally disabled averages three fewer years of education than the nondisabled. About seventy percent of the nondisabled, but only a third of the totally disabled, had a high-school education or more. A large proportion (44 percent) of the totally disabled had only an elementary education or less.

Education often plays an important part in lessening the effects of disability. Increased education presents the disabled person with job opportunities having the potential for redesign, healthier work environments, and in general a higher standard of living (SSA, 1972).

In the past prejudice and bias attitudes led to low levels of education. "After all the blind don't need an education-they can't do anything anyway". Naturally these attitudes also led to stereotyped jobs. There were and still are a number of blind and visually impaired persons who have obtained high degrees of education and non-stereotyped jobs.

Today some educators like to think that we have exalted ourselves to a higher plane of intellectual evaluation concerning the blind and visual impaired. Have we? At least on the surface it appears so. We have many more students in graduate school. We have many more lawyers, and we are flooding the social-service fields. Perhaps we are creating new stereotyped ideas.

There is nothing wrong with an individual earning a degree and then changing his/her mind about the occupation he/she decides to enter. But, there is something wrong when we encourage a client to attend college and earn degrees just because he/she is blind and it is the popular endeavor at the moment. We all know of persons with degrees from graduate schools who are not working or are engaged in occupations requiring less than college training.

It is unfortunate, but true that many blind and visually-impaired children, who have been mainstreamed are not being challenged to their fullest potential. Because of the stereotyped attitudes of some teachers they are only being tolerated or worse. As they become adults and enter into adult-level training and educational programs, they are not miraculously touched with a magic wand freeing them from stereotyped attitudes. These stereotyped attitudes are fostered not only by educators who believe that mainstreaming is a threat to their orderly world; they are also nourished by well-meaning, and often misguided, people who want to be helpful. But, the individual with the impairment is often the greatest promoter of dependency and "can't do itism".

Change does not come easy because a new situation is too often

threatening. This is not because we are incapable of coping with it but only because the solution needs clarification. Mainstreaming may therefore benefit the educator by challenging him/her to examine his/her anxiety traits and self-concepts. Such examination may also improve the learning situation for the nonimpaired students.

When mainstreaming and all of its ramifications are properly implemented, they can result in a congenial learning atmosphere in which the well meaning can be enlightened without threat or insult. They can also learn to feel at ease. They can learn that the blind and visually impaired are persons with different likes and dislikes. In the same situation, the blind and visually impaired can learn to socialize with those of the sighted world. During these educational encounters stereotyped attitudes can be analyzed by all participants.

Mainstreaming should challenge blind and visually-impaired adults to rise to greater degrees of self-confidence and self-pride giving them the feeling that they can if they will. When mainstreaming preoperly exposes them to new technological advantages or simple coping skills they should be able to overcome "I can't itism", thereby resulting in greater self-pride, self-acceptance and acceptance by his/her peers.

Lukoff believes that perhaps the most common complaint in the literature by blind persons is that they are rarely accepted and judged as individuals who may have different assortments of capacities and deficiencies. Instead their handicap seems to arouse special attitudes reserved for the blind. The fact of blindness penetrates every aspect of the relationships in which they engage (Lukoff, 1972). This belief is still current in spite of the effects that mainstreaming has brought about. A common complaint of successfully mainstreamed persons is, "They forget I can't see and start pointing or using hand gestures to explain things". Slowly, attitudal barriers are dissolving in the light of knowledge. The blind and visually impaired are making inroads into professional and non-professional fields.

Although mainstreaming is often thought of as integrating children with impairments and children without impairment, it also includes habilitation and rehabilitation of adults. It should not stop when the individual receives a high school diploma. Much may be accomplished in terms of socialization and social acceptance. Mainstreaming in these formative years does not necessarily demonstrate the ability to perform successfully in the work force.

Mainstreaming of adults usually requires some form of rehabilitation training. Such training may be offered by federal, state, local or private centers for the blind and visually impaired. The client population of these centers will include every race, creed, color and sex and will service the congenitally and the adventitiously blind and visually impaired. Naturally the need for rehabilitation training will vary greatly and may last for as little as a few weeks or as long as two years.

The young adult who is blind can receive many benefits from a rehabilitation center. The adult blinded soon after birth may still be in need for help with developmental and social skills. The adventitiously blind adult may have a need for assistance in overcoming self-doubt, functioning socially and resolving vocational problems. Other skills provided at rehabilitation centers are techniques of daily living, mobility and orientation, and acceptance of realistic potentials and limitations. Vocational counselors are also available to help with job choices, education and training and often job placement.

Rehabilitation programs provided for the blind and visually-impaired include training in both behavioral and emotional coping techniques. With training, the individual develops more rewarding social behaviors and a more positive self-image. Rehabilitation techniques will vary with the individual's age, family situation, mental ability, cultural or ethnic background, personality style, goals or aspirations, and the physical nature of the disability.

With blindness, as with other physical disabilities, there are two general types of coping procedures in the process of rehabilitation: (1) those that are specific to the disability itself, and (2) those that are involved in dealing with life in general. Included under the former are orientation and mobility training, braille, typing, non-or limited-sighted techniques of daily living involving special modifications in self-care and household tasks, and other related adjustment services. Under the latter is training in emotional and behavioral change strategies.

In the individual's rehabilitation, all facets of life should be considered. Particularly important is the relationship with the family. The family role and the rehabilitation plan is of great importance if the family is to understand and cope with the problems that may be encountered by the individual. In too many cases, well-meaning family members perpetuate the negative and dependent behaviors that frustrate both the individual and the family's life style.

The degree of acceptance or rejection by the community will largely depend on the amount of prior exposure to, and assumptions about, the impairment. If, for example, the community's prior exposure was negative, the individual is likely to encounter greater difficulties becoming an integral part of the community. In a situation in which the community is neutral or non-committal, acceptance will depend almost entirely on the individual's willingness to integrate. In those instances where prior experiences or assumptions are positive, acceptance within the community will require less effort on behalf of everyone concerned (Monroe, 1978).

The underlying formation of rehabilitation programs for the blind and visually impaired involves two basic assumptions. First, every member of a democratic society has an inherent right to the opportunity to earn a living, and make a contribution to society. Second, society has the obligation to equalize, as best it can by mainstreaming,

the disabled person's opportunity to earn a living equal to the opportunity possessed by the nondisabled members of the society.

These assumptions are particularly important in our American society in which "the status of independence is self-sufficiency, hard work, industriousness, contribution to society, and upward social mobility of the individual". To the extent that the blind and visually-impaired individual is unable to reach these goals, he/she suffers a loss of personal dignity, prestige, and self-esteem both as a member of society and as a member of a family. Merton (1957) believes that these concerns are to be expected in a culture that stresses achievement, yet closes the door and removes the means of attaining this goal. Wilcox (1965) notes that all the definitions of adjustment offered by psychologists include the concept of independence and productivity, and that within American society, "The status of independence is generally considered to be a hallmark of the attainment of Adulthood". This is the dilemma of the blind and visually-impaired person, for only insofar as he/she can demonstrate his/her physical or mental incapacity, is his/her dependency accepted.

The problem of achieving independence is difficult for all persons, but increasingly so for the blind and visually-impaired individual. There are several variables that complicate the individual's attempts to reach a solution to the dependency-independency problem. First, the enforced idleness that is so frequently imposed upon the disabled person often has a large overlay of secondary gains, resulting in the intensification of dependency-seeking behavior and a general flattening out of effect. Second, the disability per se may become responsible for an unconsciously sought goal of dependency.

Professionals in rehabilitation need to be knowledgeable about the attitudes toward blind and visually-impaired clients and these attitudes should be discussed with clients in the counseling process. This information will enable counselors to help clients work out effective ways of dealing with the stigma that may be attached to them by employers, fellow workers, and others whom they encounter. The term "stigma" refers to any physical or behavioral characteristic that in some way discredits individuals or makes them the victims of someone's preconceived negative expectations. These negative expectations often influence the self-concept of individuals with that stigma and adversely affect their chances for becoming rehabilitated (Schneider, Anderson, 1980).

Since strategies for change are based on principles of human behavior acquisition, the approach should be to articulate some basic principles and then describe the kinds of strategies based upon these principles. Mainstreaming's impact is directly related to the ability to systematically apply basic principles in the mainstreaming situation. The concept "strategy" refers to the activity of planning in advance how to apply such principles systematically, and then implement the plan so as to achieve maximal desired impact.

Since recorded time there have been many examples that indicate the reluctance of employers, and the public in general, to accept the blind and visually impaired into the job market. The impairment has been interpreted as punishment by the gods or evidence that the individual was possessed by demons, thereby making it inadvisable to associate with him. As we became enlightened to the true cause of blindness and visual impairments, these concepts have been replaced with such ideas as "If you can't see it, you can't do it", or "My insurance company will not let me hire a blind person".

Attitudinal barriers are slowly dissolving in the light of knowledge. The blind and visually impaired are making inroads into professional and nonprofessional fields. Unfortunately the successful blind or visually-impaired individual is said to be an exception of outstanding ability that distinguishes him/her from others with the same degree of impairment.

It is true that the outstanding individuals will probably be integrated into the job market first. But this applies to everyone, the impaired and non-impaired alike. If, as some would have us believe it to be a fact that qualified blind or visually-impaired persons find jobs and obtain the degree of success to which they aspire, there would have been no need for the Federal Government to step in with the Rehabilitation Act of 1973. In brief, the Rehabilitation Act of 1973, section 503, states that those employers and organizations having contracts of more than $2,500 must have affirmative action programs. They are required to seek actively to employ, and make their business environment barrier free for, impaired individuals. If the success of the blind, visually impaired and physically handicapped in employment is as widespread as it should be, there would be no need for such action by the Federal Government (Monroe, 1978).

Krantz (1971) concluded that there are behaviors, not directly vocational, that most clients must possess at a minimal level in order to function in employment. He called these behaviors "critical employment coupled behaviors" and indicated that they consist of competencies in independent living skills.

Occupational affiliation of, and attitudes toward, the stigmatized can be viewed from two broad perspectives: (1) a sizable range of noninvolvement occupational groups that only occasionally experience contact with the stigmatized but represent considerable employment potential for them, and (2) involved occupational groups such as police, teachers and nurses that frequently experience contact with the stigmatized but usually in the form of extending professional or semiprofessional services.

A major employment barrier is not the disability of being blind or visually-impaired, but society's attitude toward the person with such disabilities. As Koestler (1978) points out "pity instead of equity, charity instead of opportunity, indulgence instead of

accountability--these are attitudes that are stumbling blocks on the road to equal opportunity".

Positive changes in attitude may be taking place generically because of modern cultural factors. Jordan and Friesen (1967) suggest that as culture becomes more industralized, stigma seems to decrease. To hold a job, one must first get the job and consequently one must be prepared for the job. Job readiness involves more than a marketable skill. Equally important are proper work habits, a mature sense of responsibility, and the ability to get along with others.

Aggressive placement in open industry is a major function of rehabilitation programs. Extensive evaluation and training and, if necessary, retraining, prepare handicapped people for competitive employment. Placements are often backed by special services such as braillings, sighted readers, or large-print material designed to help the person keep the job. Some agencies also offer sensitivity training for the employer's staff so as to ease relationships with handicapped workers (Koestler, 1978).

It was found in researching the relationships among adjustment, independence, and adjustment-independence that adjustment is more important than independence as a requirement to indicate the higher probability that the blind and visually impaired will be employed. It was concluded that although adjustment and independence are both desirable and favorable, neither are determinants of possible employment. The combination of adjustment-independence is a more desirable goal for which to strive in the rehabilitation of the blind and visually impaired. In many cases the individual's ability to accept or adjust to blindness and the degree of independence he/she will demonstrate is already part of his/her ability to accept many different experiences. On the other hand there are those borderline individuals who need help to overcome and understand not only the limitations of blindness, but also the many activities in which they can engage without being limited (Monroe, 1978).

Job analysis is an indispensable tool and technique in selective placement. Proper matching of mental and physical skills with the performance needs of a job are necessary for good placement. Consideration should be given to the psychological, emotional, social and physical characteristics of the worker and the analogous requirements of the job for a proper fit. A thorough study of the worker's capability and the job requirements cannot be overstressed. The idea that the blind and visually impaired are ready and able to compete, without inordinate favor for employment in their occupational objectives, if chosen correctly, should be emphasized. Major alterations should not be required, but on the other hand, the counselor is fortunate if, as a result of his/her job analysis, he/she can recommend a special device that can be used advantageously by other workers as well as by the handicapped job applicant. By law, each state plan for vocational rehabilitation must provide for the maximal use of the services and facilities of the public employment offices in the job

placement of vocational rehabilitation clients.

At this time it is easy to find both positive and negative effects of mainstreaming on the adult blind and visually impaired. Many of these adults have been hastily placed in occupations for which they were not adequately prepared. This resulted in numerous failures since the individuals were not properly trained or emotionally and psychologically ready for the employment situation in which they were placed. With many of the adult blind and visually impaired the habit of not working is so ingrained in their life styles that the adjustment is difficult. Let's face it! Many of these adults are doing what most people talk about doing at retirement age, thereby making mainstreaming a greater challenge. One could, of course, think of many other disincentives to work.

In those situations in which the adult is improperly prepared for employment, mainstreaming can reinforce the feeling that a person with this impairment cannot.....! These feelings are not restricted to the blind and visually impaired-the employer and the fellow workers are also affected because their negative feelings are also reinforced. On the other hand when these adults are prepared properly through training, they will not only perform better, but will feel better about themselves and make more positive impressions on the employer and fellow workers. Knowing that they will contribute more to society through employment will not only give them more pride in themselves but can result in greater retirement benefits. A feeling of accomplishment resulting in greater self-worth will permeate their life styles and radiate to others.

How often is it said of the blind and visually impaired who are successful that they do not associate with those of less success? Much of this "snobishness" is in reality a feeling of self-pride and accomplishment. These two feelings are usually found in successful people.

Mainstreaming has demonstrated that the blind and visually impaired can, with training and proper technical devices perform well in more occupations than is generally believed. Through the years as the blind and visually impaired have become more and more accepted as individuals, they have been exposed to a greater variety of occupations to strive for. Technology has picked up the challenge to widen their horizons as means whereby a visual impairment is less impairing. We have come a long way from the beggar of biblical times. It is difficult to think of a field wherein a blind or visually-impaired adult cannot find some type of work.

The appearance of a fulfilling career should not be interpreted as a final or successful placement. Occasionally clients come back. We can avoid some of this repeat work if an adequate followup plan is established. During this followup period one can anticipate and prevent work, social and emotional problems that may result in terminating the client's job.

Interrelationshops with Family and Community

There is a growing recognition that a disabled family member affects the whole family unit. This can be more devastating if the disabled individual is a father who is unable to provide for his family. Similarly, when the mother is disabled she may be unable to provide proper care for the family, causing the children to suffer. Finally, when the disabled member is a child, it is an additional burden, in many ways, on the parents. Besides material deprivation, the disability of one family member often causes great psychological stress on all family members. The family unit may be more susceptible to anxiety, guilt feelings, suppressed anger, and the like than is the family unit that has no disabled members.

Ault (1978) concludes that it is not just the individual who experiences the sight loss who must cope. The family relatives, and close associates become involved, and the total "family system" seems to become disorganized. The stigma of the "blind beggar" lurks in the minds of all family members. Sometimes hereditary considerations will prompt one spouse to believe that he or she has married into an abnormal family line. Children may be questioned unreasonably or ridiculed because of their parent's or their own visual shortcomings. But, the most devastating factor is when family members believe they have been "let down", deceived, or "put upon" to carry a burden for which they did not bargain. Expectations, goals, and dreams become shattered, with no recourse. Legal blame cannot be established to provide an opportunity for recovery of, at least, monetary loss. Previously held status, as it is viewed by family members, cannot be maintained. Regardless, the family usually makes an attempt to recover what is lost or to make an adjustment.

Mainstreaming the adult may overcome some of these conditions by demonstrating to the family members that being blind or visually impaired is not necessarily totally devastating as mentioned above. It was pointed out that all blind and visually-impaired adults are individuals and should be treated as such. But, one must also remember that all family members are individuals with different life styles of their own that, when coupled with blindness or visually impairment, are unpredictable. The majority of people have encountered blindness and visually impairment only in ways that reinforce their previous opinions. This also applies to many of those individuals who have lost sight later in life. Consequently, neither these family members, nor the impaired adult may have developed positive attitudes toward blindness and visually impairment.

Often the blind and visually-impaired adult is not seen by the family member as an independent contributing member of society. Occasionally these feelings of the family members are reinforced because of the lack of independent mobility skills. The blind or visually-impaired adult may be successful in his/her chosen occupation. He/she may earn $100,000 a year but when he/she returns home he/she permits a family member to lead him/her into the house, and then to a chair. Consequently it is difficult for his/her family to view him/

her as an independent member of the family. On the other hand, the individual who strives to function more independently in his/her own home is accorded more respect. Mainstreaming these adults, with respect to mobility, can afford them the opportunity to gain or regain the feelings of self-respect and self-pride so necessary for ego strength.

Carroll (1961) relates that it would be ideal if, in the first days of a person's blindness, the family could be given a realistic estimate of the situation and assisted to accept his/her blindness. This would, on one hand, help keep them from giving him/her false hopes and encouraging him/her to seek useless "cures". On the other it would help keep them from discouraging the blind person's undergoing rehabilitation training on the grounds of unnecessary expense, uselessness or needlessness. Mainstreaming can be facilitated through the use of a sensitivity-training program for the family members. These programs can assist the family members to understand better, not only their own feelings about the impairment but the feelings of the impaired member as well.

The blind and visually impaired have a significant relationship to community welfare when they are idle and unemployed. Nonproductivity results in a loss of income for the individual and makes it necessary for the community to provide support. The public feels the ultimate effect of the individual disability in the form of reduced purchasing power and higher welfare taxes. Programs providing maintenance and medical care for the disabled people through public assistance programs are expensive and are increasing in cost every year. The annual welfare costs for services to the blind and visually impaired exceed $100 million.

Disability is one of the important causes of dependency. It is not known how many disabled persons are self-supporting through living on savings, income from savings, investments, private or union pensions, private disability or other insurance payments. Neither is information available concerning the number of disabled persons who are supported wholly or in part by their families, relatives, friends, or private, social charitable and religious agencies.

Disability reduces productivity and is a drain on the wealth of the community, the state, and the nation as a whole. The effect of disability on the manpower resources of the nation is for the most part, concentrated in the 14-to 64-year-age group. Disability not only prevents people from working and receiving an income, thus contributing to the productivity and purchasing power of the community, but it requires taxes and voluntary contributions to carry on the programs needed to help maintain disabled persons who are in need.

It is obvious that the community can derive great benefits by the removal of "false notions" concerning the blind and visually impaired. This means doing away with the whole idea of those afflicted as being helpless and dependent individuals who are somehow unable to

develop a normal lifestyle. It means removing the misconceptions and stereotypes and replacing them with adequate information about the blind and visually impaired. It means that the blind and visually impaired come in all sizes, shapes and types-individuals who perform at all levels of accomplishments. We, the professionals, who work with the blind and visually impaired may be unintentionally guilty of perpetuating erroneous ideas within our communities. When engaged in fund-raising do we emphasize "the poor blind man approach"? Many people seem to have either a conscious or unconscious abhorrence of physical disability.

Carroll (1961) concludes that our most effective means of public reeducation is, now and always will be, the adjusted, mature blind person who in the course of his/her rehabilitation has been given insight into the problems that sighted people face in their approach to blindness and who is prepared to help them to a truer and fuller understanding. Our work for the rehabilitation of blinded persons is itself, therefore, our most effective means of educating the society to which they return. That society must be educated to receive and accept blind people as the persons they are.

Mainstreaming may be the most effective way of overcoming prejudice and stereotyped notions held by the sighted population toward the blind and visually impaired. At the same time the blind and visually impaired, through working and socializing, may become more understanding of their sighted peers. There is a greater tendency through the common exposure of mainstreaming to recognize one another as individuals.

Conclusion

Education, first as a child and later as an adult, is one of the influences, if not the greatest, for forming a self-image. Mainstreaming can provide a more varied peer group and consequently more varied experiences leading to a more positive self-image. The blind and visually impaired may experience a greater challenge while forming their self-images as a result of competition with the non-blind and visually impaired. Socialization resulting from properly handled mainstreaming efforts should result in a better educated and better rounded individual.

With today's laws that forbid discrimination, blind and visually impaired individuals are being exposed to a much larger variety of occupational opportunities. This variety permits them to try their wings and, at the same time, enlightens prospective employers to the capabilities of this potential work force. Technological advantages are closing the gaps that once prevented the blind and visually impaired from entering into some technical positions that are now available. Through continued mainstreaming in the job market, coupled with continuing promised technical advances, many more jobs will be available in the future to the blind and visually impaired.

The positive self-image resulting from mainstreaming in education and job opportunities should relieve the concerns of the family about those members who are impaired. Thus will provide more time for the other family members to engage in their own pursuits. Consequently the family will be able to enjoy each other in more "normal" family activities.

As the blind and visually impaired become more at ease with themselves and their surroundings they will present the more natural, inconspicuous image to the community. Their participation in the job market will help to reduce local, state and federal taxes and the need for government funded programs that promote and perpetuate the concept of dependency and other negative stereotyped notions.

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NATIONAL STATISTICS ON EMPLOYMENT OF BLIND AND VISUALLY HANDICAPPED PERSONS: DEVELOPING SOME BASELINES TO MEASURE THE EFFECTS OF MAINSTREAMING

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Introduction

Among the many challenges posed by the "mainstreaming" and "affirmative action" legislation of recent years is the need to be able to measure whether those social mandates have had any effects, and if so, the direction and scope of those effects. Only after some quantitative results are available can serious attention be given to revising implementation strategies, if that seems necessary, or shoring up and expanding strategies that have led to the desired aims.

One need not be a cynic to anticipate that any description of results, especially early ones, will draw some controversy. Therefore it is crucial that the measurement approaches be carefully designed and well-documented.

These introductory remarks are not a preface to presentation of some results on the effects of recent legislation on the employment of blind persons. That would clearly be premature. The legislation dealing with nondiscrimination against the physically handicapped, specifically in employment (sections 501, 503 and 504 of P.L. 93-112), although enacted in 1973, was not defined into final regulations by the Department of Health, Education and Welfare (now, Health and Human Services) until 1977. The section of the law that should affect employment opportunity more indirectly by dealing with public transportation and architectural barriers is still much disputed and weakly enforced. Needless to say, the expected effects on employment of legislation directed toward primary and secondary education (P.L. 94-142), are even more indirect and long-term. The latter legislation, although passed in 1975, did not even require full participation by all school districts covering ages 3-21 until September 1980.

Although it would be premature to draw conclusions about the effects of these laws on employment, it is not premature, indeed it is somewhat belated, for interested observers to analyze the measurement needs and to begin the process of data analysis.

At one level the measurement needs can be simply stated: We must have (1) baseline measures, (2) measures of program implementation, and (3) outcome measures. What goes into each of these

categories, however, is not so simple. In fact, it is enormously complex, reflecting the complexity of the legislation, the broad national scope of its intent, the diversity and changing character of the visually-disabled population, and the several dimensions of employment that must be examined.

This paper is concerned with beginning to develop the kind of baseline data on employment of blind and severely visually-impaired persons that will be needed for subsequent measurement of the effects of legislation designed to eliminate social barriers to equal employment. Some of the measurement issues we will discuss in relation to baseline date inevitably will bear on outcome data, since the two sets must be collected and analyzed in a similar manner in order to serve the function of making comparisons.

Baseline Data--What Do We Need To Know?

It may not be obvious to everyone that baseline date are needed in order to evaluate the effects of legislation designed to overcome discrimination in employment. After all, there is sufficient evidence, albeit anecdotal and nonsystematic, that blind and other disabled persons have long experienced discrimination when they sought jobs for which they were qualified. There has also been widespread consensus that the early educational placement of blind children, and their later access to training that would qualify them for employment, was restrictive in many ways. Would it not be sufficient, then, to look at the employment situation of the nation's blind working-age population in a few years and attribute that picture, whatever it is, to the implementation of the intervening mandated programs? Is it only the "purist" researcher who is interested in compiling more data than are really needed?

Admitting a researcher's bias, we suggest the answer to both questions is "No." It would be "Yes" only if one could reasonably expect that there will be no pressure in the future to discontinue or significantly redirect funds for the programs of implementation. Since such pressures are not unlikely, it will be important to be able to assess <u>how much</u> of <u>what kind</u> of effects were obtained in a given time period, with a given type and level of investment of resources. For that purpose, baseline data are clearly needed. Also needed, as noted above, will be data on actual program implementation.

The next question is, "What constitutes adequate baseline data?" The answer to that question will take mauch more than one paper, and many more than one or two researchers working in this area. We can offer only a beginning. The most conclusive data, of course, would come from an experimental, or quasi-experimental, design. Congress unfortunately did not provide, as it has for certain other large-scale social programs, funds and authority to conduct such research to evaluate the effects of the legislation of concern here. Some types of quasi-experimental designs might still be possible, building on the fact that the legislation is being implemented at

different rates with different levels of effort in different places. It is to be hoped that the National Institute of Handicapped Research (NIHR) will stimulate and support such studies. However, we will take a different approach, which has some advantages and some disadvantages for the purpose.

Our approach is to identify, summarize, and reanalyze as needed, pertinent nationwide studies that (a) contain data on various aspects of the employment of visually-handicapped persons, (b) contain comparative data about the nondisabled population and persons with other types of disabilities, (c) refer to a time period suitable as baseline data, and (d) will be, or could be, replicated at a suitable timepoint to provide early measures of effects. Ideally such studies would contain measures that bear on the individual's educational and job-hunting experiences to indicate their exposure to the relevent legislative programs.

In the following pages we will present the results of our search, relying primarily on several studies that best meet our criteria in order to describe the employment picture in the 1970's among visually-handicapped working-age individuals as compared with the rest of the working age population. The closing discussion will return to the theme of the introduction, to assess how this analysis may fit into the objective of measuring the effects of recent legislation on employment.

Measuring Employment--A Complex Task

We mentioned above that part of the complexity of measuring the effects of legislation on the employment of visually-handicapped persons stems from the complexity of measuring employment status in general.

Because employment, and especially, unemployment in the general population are so important in our society for judging the economic "health" and even the morale of the nation, considerable controversy surrounds these measurements. Politicians and even academics disagree among themselves about how to go about measuring unemployment, and what to conclude once it is done. In fact, a National Commission on Employment and Unemployment Statistics, referred to below as the Commission, was created in 1978 to review long-established techniques of data collection and reporting. The stimulus for the Commission's work was widespread dissatisfaction with many aspects of existing procedures. Nevertheless, its final recommendations incorporated few innovations (National Commission..., 1979).

The complexity of measuring employment for the disabled population is even greater than it is for the general population--and greater still when we focus on specific disabilities such as blindness. The added complexity starts with the crucial step of identifting who is in the subpopulation we want to describe. Furthermore, certain aspects of employment that apply especially, but not solely,

to disabled persons do not as yet have good, or at least widely-accepted, operational measures. These concepts include:

1) Discouraged workers

Those who are not working and "who want a job but are not actively seeking one because they believe no suitable work is available".

2) Underemployment

Those who are working at a job that does not fully use, or reward, a person's abilities.

3) Occupational segregation

The results of channeling people into certain occupations on the basis of some social characteristic rather than interests and abilities.

We will return to these issues below, after examining the data available.

Estimated Number of Working-Age Blind and Visually-Impaired Persons--Review of Data Sources

The employment characteristics of the visually-handicapped population must be described in the context of all those who are of working age. We need estimates of the size of that group and of their nonvisual characteristics, since those characteristics significantly affect their desire and opportunities, for employment. Although blindness may be perceived by some employers as a "master status" that overrides all other consideration, studies of employment among the disabled show that other social characteristics can greatly hamper--or improve--a disabled individual's chances on the job market (Levitan and Taggart, 1977). Sex, race, education age are all important determinants of employment. The main such characteristic is age. The social norm regarding age-related employability is so strong that most research examines the issue of employment opportunity only for persons under 65 years old.* There is less agreement on the younger boundary, but most studies use 18 years.

How large is the working-age visually-handicapped population?

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* This convention may change to conform to recent legislation that extends mandatory retirement plans to age 70. However, the 65-year cut-off still applied to the studies considered here and apparently still conditions most voluntary retirement thinking. The efforts to extend the age limit are of great significance to the blindness field because of the strong association between vision impairment and aging.

The answer to that question varies depending on the source of data, a fact that will come as little surprise to those familiar with statistics on blindness or other disabilities. As we spell out next, estimates of the working-age visually-handicapped population in the United States range from 210,000 (legally blind) to a high of 776,000 (visually handicapped). The data refer variously to the years 1972-8, but the difference in dates has little to do with the large variation in numbers. Rather there are significant differences in the conceptual and operational definitions of visual handicap. Let us briefly review the basis for each of the available estimates. This review will also identify the main sources of employment-related statistics on the visually-impaired population that can serve as baseline data for the study of the effects of the legislation of the mid-1970's.

a) Legally blind working-age adults 1978: estimated 210,000 persons

This figure is an estimate we have calculated based on two sources. The National Society to Prevent Blindness (NSPB) issues periodic updates of the estimated legally blind population, but does not show an age breakdown. For 1978 the estimate for all ages was 498,000. For an estimate of the percentage of that total who are in the working ages, we turned to the 1970 statistics on legally-blind persons from the state registers of the 16 states that participated in the Model Reporting Area (MRA) that was discontinued in 1970. Following MRA procedures, we used the age span of 20-64 years rather than 18-64.

We have presented this estimate in order to have some information on the legally-blind segment of our population of interest. Unfortunately, we can do no further analysis for this group because neither the MRA nor the NSPB data bases contain any information about employment.*

The next three estimates we will consider all refer to a broader definition of visual impairment than legal blindness as reported by respondents themselves, or by designated household member as a proxy, in national sample survey household interviews. The estimates nevertheless differ widely due to variations in specific definitions and approaches, as explained below. Note that all estimates are projections from actual sample cases.

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* There is the possibility however that data will become available for use as baseline information on the employment of legally-blind persons. These data are contained in a study conducted by Berkowitz (American Foundation for the Blind) in 1977 using telephone interviews with a national sample of the visually-handicapped population. The data from that study will be especially useful because it contains a detailed description of educational background and current employment status and also covers perceived discrimination and use of vocational rehabilitation and other services.

b) "Severely visually-impaired" working-age adults - (Health Interview Survey, 1977): estimated 364,000 persons.

The Health Interview Survey (HIS) is an ongoing activity of the National Center for Health Statistics (See Kirchner and Lowman, 1978 and Kirchner and Peterson, 1979) for additional information about this source of data on the visually-impaired population). The HIS approach to identifying visual disability is quite different from the studies to be considered next. HIS asks first about a specific functional ability, i.e. ability to "see to read ordinary newsprint even with glasses on." The number of persons aged 18-64 who were reported "unable to do so" is, as shown above, about 364,000. The subgroup of those who then reported that this condition, or another reported condition, caused a limitation in their ability to work or to do housework, is about 278,000.

Because this is an ongoing study, although visual impairment results are not reported every year, with highly sophisticated sampling and question design, it is an appealing source for baseline data, and also for periodic monitoring of the effects of legislation. Its drawbacks are that (1) the "newsprint" definition is undoubtedly too restrictive; (2) there are only limited data on education and employment; (3) there are no data on use of services other than health care; and (4) although the overall sample is large, it is smaller for the disabled than the studies described next, thus limiting the complexity of analysis that is possible.

c) Visually-handicapped working-age adults "Survey of Work and Disability, 1972": estimated 374,000 persons.

This study, conducted by the Social Security Administration (SSA), used a much more liberal definition of disability than is required for eligibility in the SSA disability benefits program. The survey is one in a series of which the latest, 1978, has not yet produced published results. The sample was drawn from persons aged 20-64 who reported in the 1970 Census that they had a work disability. As the title of the survey indicates, there is a great deal of detailed information both on work and disability, and also on level of education (however, type of educational setting, i.e. schools for the blind or mainstreamed, was not obtained.)

The question-wording to identify the visually handicapped among those disabled in work was self-reported "blindness or serious difficulty seeing." The number reported are those for whom this was the main disabling condition.

d) Visually-handicapped working-age adults "Survey of Income and Education": estimated 776,000 persons.

This onetime survey, conducted by the Bureau of the Census in 1976 provides the largest estimate, mainly because it includes persons age 18-64 for whom the visual problem is a secondary or tertiary

factor, in addition to persons for whom it is the primary disabling condition. If only the primary condition is considered, the estimate is much closer to that from SSA1 the questions are worded very similarly in the two studies, in SIE, the condition is self-reported "serious difficulty seeing or blind."

For our purposes, SIE is most useful because of the wide range of social data that were obtained. The detailed questions on employment replicate the wording of the ongoing "Current Population Survey" from which rates of labor force participation and employment are routinely calculated for the general population. Although SIE was designed as a one-time study, it offers a promising baseline because of the large sample and rich data it obtained including much detail on the education of children and adults and on individual and family income.

We draw mainly on SIE for the statistics presented next.

Social Characteristics of the Working Age Visually Disabled Population

Data from SIE permit us to make several interesting comparisons. First, we can compare visually-disabled persons with those who are also of working age and disabled due to other physical or health conditions. Also, within each of those groups, we can compare persons who are more severely disabled, namely,those who reported that their condition prevents them from working, with those who are less disabled, namely, those who reported that they are limited in the amount or kind of work they can do.

We start by describing the population of visually disabled persons who report any work disability whether or not they are currently employed.

Age

Using three age breaks within the 18-64 span, we find that two-thirds were over 45 years old; the remaining one-third were about equally split between those under 30 years, and between 30 and 45 years.

Sex

Just about half, 51 were female.

Race or ethnicity

Four-fifths were white, the remaining 20% were non-whites Overlapping those categories, about 4% were of Spanish origin.

Education

About one-quarter had completed less than 8th grade education

and one-third completed between 8th and 11th grade. Taken together, those two categories indicate that 60% had not graduated from high school. The remaining 40% with highschool or more, includes 25% high school graduates, 10% college graduates, and 5% with education beyond college graduation.

Although the visually-impaired population did not differ widely from other work-disabled persons in the SIE, each of the small differences, between 4 and 6%, that was found is in the direction of greater disadvantage in the labor market. Thus, as compared with other work-disabled persons, the visually impaired, as a group, were slightly older; slightly more non-white; slightly less well-educated; and slightly more likely to live in non-metropolitan communities. The percentage of females in both groups, however, was nearly identical.

The upshot of all these demographic differences is that when the groups were classified according to the federal definition of poverty that applied for 1976, a still smaller but more notable gap appeared, with 26% of visually-impaired persons of working age found to be "in poverty" compared with 19% of the overall group.

When we look at the same characteristics for the subgroup with a "total" work disability, all these disadvantages are intensified--that is, for those who are visually impaired, and for those prevented from working by other conditions, there were slightly higher proportions who are older, nonwhite, female, and less well educated. Again the differences are small, but among the totally work-disabled, the visually-impaired group was more socially disadvantaged than other disabled persons. Specifically, among those with a "total" work disability, 34% of the visually impaired were classified "in poverty" compared with 25% of the overall group. Perhaps it is unnecessary to point out that for all these social characteristics, the work-disabled group had higher percentages of persons in disadvantaged categories than did the rest of the working age U.S. population.

It is worthwhile to highlight the pattern reported above, since to our knowledge it has not been considered in previous writings on the employment, and employability, of visually-disabled persons. Although additional research would be needed to verify that the differences are not the result of sampling variation, it appears that visually-disabled persons of working age, when compared with those with other disabilities, have a higher concentration of socially-disadvantaged background characteristics. Differences in employment and employability may reflect these other disadvantages as much as, or in addition to, their problem with seeing. This possibility is obviously an important consideration in any future research on the effects of legislation when comparing disability groups.

Labor Force Participation and Employment

In the standard reporting of employment statistics for the U. S. population, the "unemployment rate" consists of persons who did

not have a job and were actively looking for work during the four weeks prior to the survey, calculated as a portion only of those who are "in the labor force." Persons who are considered to be in the labor force are those who had jobs or were actively looking for work. Correspondingly, persons who are not in the labor force are those who did not have jobs and were not actively looking for work, whether or not they wanted to work.

We find from SIE that the labor-force participation rate of the visually-disabled working-age population differed greatly from the rest of the U.S. working age population. Only 31% of the visually-disabled group was in the labor force, compared with 72% of other U.S. working-age adults.

The size of this difference compels our close attention. There is a danger that we, and workers in general in the field of blindness service, will jump too quickly to focus on the experiences of visually-handicapped job-seekers. Those experiences are, of course, important. But one must not lose sight of the prior issue that the great majority of visually-handicapped working-age adults, more than twice the proportion of non-disabled working age adults, are not currently among those job-seekers. We need to understand much better than is possible with current research data why so many visually-handicapped adults are not in the labor force. Certainly, the study of employment discrimination, or, stated positively, the study of mainstreaming in employment, has to take account of the reason that visually-handicapped persons are much less likely than sighted persons to seek employment. It is probable, as we shall develop below, that there is a direct relationship between experiences in the labor market and subsequent decisions not to participate in the labor force, but the existence of this relationship, and the various forms it may take, remain to be demonstrated. Before one examines the statistics describing visually-handicapped persons who are in the labor force, a comment on the various sources of data is in order. It is interesting, and reassuring, that the distributions of the characteristics we are concerned with here, i.e. rates of labor force participation, employment rates, and occupational distributions, are very similar in the different surveys we reviewed earlier* in spite of the fact that the estimated number of visually-handicapped persons varies among them.

Keeping in mind the vast difference between labor force participation rates of the visually-handicapped population and the rest of the working age population, and recalling how the unemployment rate is defined, we find the following. According to SIE, in 1976, 17% of the visually-handicapped labor-force participants were unemployed, compared with only 7% of the rest of the U.S. labor force. Although this is a notable difference, it pales beside the difference already observed in labor-force participation rates.

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* Specifically the Health Interview Survey, the Social Security Administration survey, and the SIE; comparable measures are not available for the legally blind population.

Indeed, we are led to speculate that the employment rate among the visually-handicapped labor force appears relatively high (83%) precisely because the labor-force participation rate is so low (31%). In other words, visually-handicapped persons who have difficulty finding employment may be more likely to drop out of the labor force than are nondisabled persons. Also, it is possible that visually-handicapped persons are more likely than their sighted peers never to enter the labor force, anticipating greater difficulty in finding employment

We have discussed the following set of speculations briefly elsewhere (Kirchner and Peterson, June 1979, page 241), but will enlarge upon them here. It is interesting to note, first, that when we consider only persons who are not in the labor force, the percentage of "discouraged workers" -- those who say they would like to work -- is about the same (approximately 25%) in the visually-handicapped group as it is in the general population. That similarity fades away of course if we take into account the initial difference in the proportions who are in the labor force. "Discouraged workers" make up nearly 20% of all working-age visually-handicapped persons but they make up only between five and ten percent of all working-age sighted persons. We find, further, that the reasons given by discouraged workers for not actively seeking work are quite different among those who are visually handicapped than among those who are not. According to SIE, about two-thirds of the visually-handicapped discouraged workers gave reasons that were best classified under the heading of "ill health or physical disability", whereas only about five percent of other discouraged workers gave such reasons.

Unfortunately, that finding does not advance greatly our understanding of this crucial group. First of all, the data as presented do not allow us to separate those who cited "ill health" involving pain, weakness, and other debilitating symptoms from those who referred only to a "disability" i.e., a limiting condition experienced by an otherwise healthy person. Furthermore, it would be important to know more about the reasoning behind the responses of visually-handicapped persons who give disability as "the reason" they are not seeking work. Is it because they believe they cannot carry out any suitable jobs, or because they attribute that belief to potential employers, or because they consider that their disability would permit them to work but transportation difficulties would not? When and if equal opportunity legislation begins to have effects, the effects should be measurable through a significant reduction in the numbers of discouraged workers who attribute their withdrawal from the labor force to disability and particularly to employers' response to their disability. For measurement purposes, therefore, it will be important to make the suggested distinctions in reporting responses between "ill health" and "disability", and to probe the disability responses further.*

* Although currently available data do not make these distinctions, there remains some possibility that special tabulation of existing data could retrieve the distinction.

We should note that there is another group of non-participants in the labor force who have been the subject of much recent speculation but little direct research. That group consists of persons whose disability puts them in a situation where the "disincentives to work" are greater than the incentives. A practical reason for skimming over this concern at present is the absence of even approximate data on visually-handicapped persons who choose not to work because of the net economic losses they would incur from employment. Complex issues are involved here that are outside but not unrelated to our central interest in issues of mainstreaming. Suffice it to say that research is badly needed on the size of the group affected by such disincentives, on the nature of the disincentives, and on the social and psychological process through which improvements in educational and employment opportunities may be translated, on the individual level, into reduction of disincentives to work

Occupational Distribution

It is fair to say that a major long-term objective of mainstreaming children in education is to make possible their integration in the nation's occupational structure. If this aim were met it would mean not only that blind persons would hold jobs, but that they would not be segregated in the work world. What do we mean by "segregated" in work? Basically, we mean situations in which all, or the great majority, of their coworkers are blind. Beyond such clear-cut situations, we would also include those in which the visually-handicapped or blind person has mainly sighted coworkers, but the occupation or work-setting has been stereotyped as "suitable for the blind". The latter is a fuzzier concept and certainly more difficult to measure. Future research needs to consider the process of stereotyping occupations, recognizing that this can be an ongoing and subtle process, that is, although there may be some breaking-down of former stereotypes, new ones may emerge.

Let us turn to national data for the mid-1970's. Because even the large sample included in SIE yields relatively few persons with visual disability, it is not possible to look for reliable estimates of the numbers of persons in specific occupations, such as school teachers, janitors, secretaries, and so on. However, considerable confidence can be placed in the estimated percentage distribution of visually-handicapped persons in broad occupational categories. The figures in the following table on occupational groups are not limited to persons who are currently working. Rather they are based on the occupation for the current job <u>if</u> the person is working, and for the last job held for at least two weeks if the person is unemployed or out of the labor force.

Table 1

Percent Distribution by Occupational Category of Visually Handicapped Persons Compared with the U.S. Population, 1976 According to the Survey of Income and Education (SIE)

	Visually Handicapped	U.S. Population
I Professional, Technical, Managerial	17%	25%
a. Professional, Technical	9	15
b. Managerial	8	10
II Clerical and Sales	17%	25
a. Clerical	13	19
b. Sales	4	6
III Craft and Operatives	33	29
a. Craft and Kindred	13	12
b. Operatives	20	17
IV Laborers and Service Non-Farm	29	19
a. Non-Farm Laborers	8	5
b. Service Workers	21	14
V Farmers	5	2
a. Farmers and Farm Managers	2	1
b. Farm Laborers and Supervisors	3	1
Total All Occupations	101%	100%

This listing of categories corresponds roughly to a prestige ranking from high to low. Compared with the U.S. population, visually-handicapped persons are less likely to be in high-prestige occupations, but the difference, at least in the top category, is not dramatic. The 17% in the professional, technical, managerial category compares with 25% in the U.S. population. If we combine that category with clerical/sales as constituting "white collar" employment, we find 34% of the visually-handicapped working-age population was in white-collar occupations, compared to 50% of the U.S. working age population.

Sheltered Workshops and the Randolph-Sheppard Vending Facility Program

We must turn to other sources for information on two special groups of employed blind and visually-impaired persons, those in sheltered workshops and those who are vendors under the Randolph-Sheppard (R-S) Act. Neither group is identified as such in the general national surveys, and in fact, as was confirmed by staff at the survey agencies, it is ambiguous how any of those workers who were in the samples were handled. That is, persons in sheltered workshops who considered themselved to be in training programs would have been counted as "not in the labor force", but they would have been counted as employed if they considered themselves employed. The occupational classification of R-S vendors might either have been as salespersons or as managers, depending again on their self-perception.

However, the chance that members of either group fell into those samples is small, since their total numbers are small. There were just under 4000 Randolph-Sheppard vendors in 1978 (Rehabilitation Services Administration, 1980). There were about 6200 visually-impaired workers in workshop programs in 1976 including those in regular program workshops, work activities centers (WACs) and training and/or evaluation programs. (U.S. Department of Labor, March 1979). Together, these two groups constitute 5% of the number employed according to SIE, and 10% of those employed according to HIS. They are examples of the complex concept we mentioned earlier, namely occupational segregation.

Let us highlight some of the key findings from the Sheltered Workshop study, comparing visually-impaired workers with all others, the great majority of the others being classified as "mentally retarded" 61%, or "mentally ill, emotionally disturbed", 14%. Visually-impaired persons were just over 4% of the total. Note that this study was not limited to blind persons in workshops associated with National Industries for the Blind.

Considering all types of workshops together, the average hourly earnings of visually-impaired workers in 1976 were more than doubled the average for all others - $1.91 compared to $.81 (ibid, p. 64).* This difference in average hourly earnings reflects two components. First, earnings of visually-impaired workers were higher than those of other workers in each of the three types of workshop programs, but the difference within each type of workshop is less than the overall earnings difference. The second component is that a

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* As noted in the text, these figures do not refer to exactly the same population as covered in reports of the National Industries for the Blind (NIB). The latter covers only legally blind workers in NIB-associated workshops. According to NIB's Fact Sheet for fiscal 1979, "NIB-associated workshops reported an average hourly wage of $3.24 for regular program and $.86 for the Work Activities Centers".

higher proportion of the visually-impaired workers are in regular program workshops, where earnings are generally highest, with 53% of the visually impaired in regular program workshops compared with 24% of other workers. A much lower proportion are in the lowest paying Work Activities Centers, 33% compared with 60%. The percentages in the training and/or evaluation programs were about equal.

Another large differench between visually-impaired and other workers is found in the length of tenure, both in regular program workshops and in work activities centers. Training and evaluation programs are short-term by definition. In regular programs, 58% of the visually-impaired workers had worked there five years or more, which is double the proportion of all workers who have been regular program workshops that long. Similarly, in WACs, 43% of visually-impaired, compared with only 23% of all workers had been in the setting five years of more. To some extent this may reflect the recent influx of mentally-disabled persons into workshop programs generally, but other factors may also play a part.

Here we may introduce one additional finding, that is less objective in nature. The survey asked workshop personnel to state for each of the subjects in the study "the degree to which their [sic] disability interferes with their ability to perform work." Notably less interference was reported for visually-impaired workers than for the group as a whole. The judgment was that their disability interferred "not at all" for 24% of visually-impaired workers, compared with 12% of all workers. At the other extreme, their disability was judged to interfere "very much" with work performance for 25% of visually-impaired workers, compared with that for 36% of all workers.

The implications of these comparisons are by no means clear. It would be a mistake simply to conclude that because visually-handicapped workshop workers earn higher wages, have longer tenure, and are judged to be less handicapped in their work than are others in sheltered workshops, many of the former could be directly transferred into competitive employment. That possibility should certainly be investigated with carefully-designed research, but alternative explanations of these facts must be equally considered. A major factor is the recent large growth in the number of mentally-retarded workshop clients who make up most of those with whom the visually-handicapped clients were compared. That recent influx could account for the observed differences in tenure and earnings. Those differences might be reduced or even reversed over time as the newer mentally-retarded workers remain in workshops. Furthermore, the fact that visual loss was considered less handicapping in work by supervisors, when they compared it with mental retardation or other types of impairments, does not in itself mean that those same supervisors would judge clients' vision loss not to be a severe handicap in competitive employment.

In any case, sheltered workshop placements are an area where there must be continual objective evaluation of the effectiveness of

efforts to mainstream blind persons in employment.

Summary and Conclusions

We have summarized information from national surveys on the working age visually-handicapped population as of the mid-1970s--a period during which major federal legislative initiatives were instituted with the aim of integrating disabled persons into the mainstream of social life, notably in education and employment. We have presented data that compares working age visually-handicapped persons with other disabled persons and with the rest of the population, employment rates, and occupational categories. We also presented some observations and data bearing on aspects of employment that are particularly relevant to disabled persons, i.e., "discouraged workers" and "occupational segregation". Elsewhere (Kirchner and Peterson, 1980) we have explored briefly the other aspect of great concern, namely, "underemployment." There we concluded, based on data about worktime, earnings, and occupational status in relation to educational attainment, that underemployment is a serious problem among those visually-handicapped workers who are employed.

In drawing conclusions from the available data we are seriously hampered by several characteristics of the studies. The nature of these limitations is such that we suspect that the available data understate the extent of the disadvantage in the labor market that persons have experienced due to their visual loss. The main study limitations concern lack of information on the time-ordering of the onset of visual loss and the educational and employment information; gross classifications that do not permit us to analyze separately persons with total and partial visual loss, and also do not distinguish between "illness" and "disability" as reasons for not participating in the labor force; sample sizes too small to undertake detailed occupational analyses. More seriously, information is not routinely collected in national surveys to shed light on the early educational experiences of visually-handicapped, or other disabled, adults, nor on their job-hunting experiences or on advancement, or its lack, in their occupational careers.

For the purpose of evaluating the effects of recent legislation, all these dimensions should be measured. Pending such improved data collection, we have taken herein some steps to develop and assess existing information to serve as reasonable, although imperfect, baseline measures for future evaluation of the effects of "mainstreaming" and "affirmative action" on employment of visually handicapped persons.

In closing, we hope that not only researchers but also administrators and providers of services to blind and visually-handicapped persons recognize and will act upon the need to urge federal data collection agencies to collect data that will be useful for these purposes. Unfortunately, the recent National Commission report, mentioned earlier, does not give grounds for optimism about federal plans to

improve data collection on disabled workers. The Commission considered and rejected the possibility of incorporating identification of disabled workers in the standard monthly data collection on employment in the nation. The issue must be pursued further by representatives of disabled persons and by professionals in education and rehabilitation. The recently-established National Institute of Handicapped Research, Department of Education, can and should serve as a focus for expressing our concerns and monitoring implementations of improved research.

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EMPLOYMENT OF VISUALLY IMPAIRED PERSONS: NEW DEMANDS ON PROGRAMS FOR THE BLIND

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Introduction

The policy of integration or mainstreaming of the handicapped has an impact on the employment potential of blind and visually impaired persons that raises many issues that need to be addressed in the coming decade. The blind and visually impaired and their families must relate to many communities - the provider community, the generic rehabilitation community, the health and human service community, the employment or economic community and the general public. To discuss the employability of blind persons requires a categorization of the population. Onset of visual loss, degree of blindness, personality, age, and the general health and socio-economic status are all factors that require explication.

"Mainstreaming" is the jargon word that encompasses the concepts that underlie major national legislation and policy pronouncements. Employment programs for the handicapped have been responsive to these national, social and political concerns. During the 60's and 70's, these concerns focussed on civil rights issues - protection of human rights and provisions of equal opportunity for all persons regardless of race, sex or handicap. These then became the law of the land and many programs and services were developed to implement these laws with a primary goal of expanding employment opportunities for blind and visually-impaired persons.

Now as we enter the decade of the 80's, the social, political, egalitarian concerns of the 60's and 70's have given way to economic concerns. Whether one considers this the aftermath of the cost of energy and the devastating effects it has had on our economy, or whether one sees it as the result of over ambitious planning in the human services field, is not the concern of this paper. The focus is rather on how programs designed to expand vocational opportunities can be responsive to increased demands for accountability, for budgetary restraint, and for the coordination of human services to avoid unnecessary duplication and expense. As indicated in the 1979 Annual Report of the Rehabilitation Services Administration (RSA), there is clear cut evidence of the need for more rigorous program evaluation in order to assess the validity of existing programs. (1) No superscript "on line" with each legislative mandate the provider community, both public and private, has to ensure that new projects are responsive to documented needs rather than to possible available funds.

Such documentation has to consider the variety of options possible to offer a flexible individualized approach to mainstreaming.

For purposes of this discussion, the term "provider community" will be used to represent those specialized agencies and organizations that offer expertise in the evaluation and training of blind and visually-impaired persons, or represent blind and visually-impaired persons as advocates, consultants, educators, and counselors. The term "generic agency" will represent those organizations offering parallel rehabilitation services to meet the needs of the disabled. The term "human service" organization will represent the entire spectrum of health, social service, housing, transportation, financial support and all other support services required by the entire population. This paper will take the position that, in view of the small numbers of blind and visually-impaired persons, the wide individual differences within this relatively small minority group, the economic constraints and the need for improved management of all resources, both financial and human, the provider agencies in the coming decade will have to reexamine their delivery system in light of these many considerations.

Current legislation appears to be looking for closer collaboration and coordination between the generic rehabilitation system and the specialized "blindness system". With the wide range of individual differences among the blind and visually-impaired population and with the wide range of available programs and services to meet the needs of all other disabled persons, it behooves the specialized provider community, both public and private, to define a new role for itself. The "umbrella" concept has long been viewed as an anathema to meeting the needs of blind and visually-impaired persons. To achieve mainstreaming, it may be necessary for the provider community to take the leadership in reexamining and redefining the interrelationships between the consumer community including their families, and all other components of the community. With a positive commitment to advancing the availability of opportunities to blind and visually-impaired persons and advocacy on their behalf, the specialized service system may be in a better position to secure for its constituency the support services necessary to achieve individual goals.

Ninety-three different programs serving the handicapped in some fashion have been identified in our national service structure and these are, in turn, mirrored in state and local communities. We should consider whether or not the blind and visually impaired may be better served by an advocacy service structure that carries out a vigorous public-education program and offers specialized skill training within the generic service structure. For the provider community that has the specialized expertise to deal with the blind and visually impaired, the challenge for the decade thus becomes threefold; first, to provide direct evaluation and training services that are required by blind and visually impaired persons; second, to use this expertise to offer the training required by staff of generic agencies,

the employment and economic community, the health and human service community and the public, and third, to define new activities and roles of staff in order to establish accountability for both direct client staff work and for work with the various communities.

Employment is viewed by our society as the primary goal for all adults. With the advent of rehabilitation, the increased importance of organized consumerism, with legislative mandates for equal opportunity for all and affirmative-action programs, greater emphasis has been placed on developing new training programs and employment opportunities for blind and visually-impaired adults.

Vocational training and placement programs have to be examined or developed with potential participants in mind. As pointed out by Spencer, (2) "Unfortunately, the vocational services that are available to most clients with serious vocational problems are remedial in nature. These services do not generally become available to clients until they have experienced the discomfort and frustration that accompany continued unemployment, and this delay seriously compromises the effectiveness of any vocational program. Erikson has identified a crucial stage, which he terms the 'industry state' during which a young person's first attitudes toward work and achievement begin developing. If the necessary reinforcements are not available to help share and develop appropriate vocational attitudes in young people, the chances of productive attitudes ever being formed are greatly decreased."

As described above, success in the workplace is based on many factors. Technical and professional skills are only one facet contributing to this success. Skills in interpersonal relations; in socialization; in personal management, including mobility and communication are as significant as technical and professional skills. This combination represents what the individual brings to an employment situation.

However, since vocational success is dependent not only on the acquisition of those skills and attributes that are derived from family and community relationships but also on an open and accessible environment that makes it possible for a person to function at optimal level. An open and accessible environment in the workplace requires compliance by the employer with the legal requirements set forth in the civil-rights and vocational-rehabilitation legislation. This is the responsibility of the employment or economic community, both public and private. The provider community has been, and will continue to be called upon, to supply the required training and consultation for present and potential employers.

The implication for the provider community is that accessibility and availability are key issues. The blind person needs access to programs and supports that may be provided by either the blindness system, the generic provider community, or his or her own family. The extended family can and does provide the most significant support

structure. The environment must offer not only physical accessibility but also a receptive atmosphere. In order to accomplish this goal, expansion of the public education and advocacy function of the provider community will be required. Such expansion may include, but not be limited to, the development of educational materials for potential employers, providing technical assistance for the development of barrier-free work settings, task analysis as a basis for job modifications, design of adaptive aids and the use of new technology. It may include outstationing of staff for both job development and on-location training. Interpretation of environmental modifications, adaptations of the use of technology offer an important element in the support structure necessary for mainstreaming.

Additionally, since attitudinal factors significantly affect the ability of the blind or visually-impaired person either to enter the labor market or to retain or return to a present occupation, it is assumed that increased education of the employment community will enhance this process.

Experience has demonstrated that the most significant variable contributing to vocational achievement is the degree of residual vision. There is a wide spectrum in the extent of visual loss ranging from total blindness (15% to 25%) to severe visual impairment. (3) The fact that this is an ongoing trend is also documented by the Annual Reports of the American Printing House for the Blind that indicate that children, the future potential labor force, are, for the most part, partially sighted and that the smallest percentage rely on braille. Further corroboration is also found in the 1979 RSA Annual Report that demonstrates quite clearly the differences in the utilization of VR services and the outcomes achieved by persons with the most severe visual impairment or blindness. Persons with partial sight were in the vocational-rehabilitation system a shorter time, required less intensive services, achieved more vocational placement and earned more money.

Further analysis of this 1979 RSA Report reveals information that needs to be considered by the provider community. The continued decline in the number of persons participating in vocational rehabilitation programs and achieving placement poses many questions. The evidence seems to point to the continued concentration of intensive services to those who are the most severely disabled and, in the case of the blind and visually-impaired population, the totally blind. The report continues by pointing out that although the total number applying for and using vocational-rehabilitation services has declined over the last five years, there is evidence that even the past increase in the larger numbers of the severely disabled showed signs of decreasing in the future. "Blind in both eyes" made up the bulk of the 46% of persons placed as "homemakers".

Data, such as cited above, could be substantiated if there were data from the provider community especially from Low Vision Services that could document the ability of low-vision persons to

retain or return to present occupations with minimal, if any, extended rehabilitation services. It can be hypothesized that since the advent of Low Vision Services, there has been a considerable shift in the population of visually-impaired persons and, more significantly, a considerable shift in the need for extended rehabilitation services. Increased early referral and successful utilization of Low Vision Services may be contributing to both successful job placement and, most importantly, to job retention. Research to document the validity of such an assumption could provide critical information for a positive public education program.

Documentation for positive public education on the abilities of blind persons to compete successfully is also needed. One of the real gains deriving from the consumer movement is the increased visibility of persons with impairments. A partnership between the provider community and those blind persons successfully employed in the mainstream is the essential component of a public-education program.

For those blind and visually impaired who have additional limitations on their ability to compete in the labor market, there are other factors needing consideration. Without clear understanding of mainstreaming in relation to the abilities and disabilities of the individual, there may be conflicting goals among the various groups. What needs to be defined is the place of work for the severely handicapped and the requirements for the other support services, i.e. recreation, housing, health and social services, transportation and financial supports. Families as well as the impaired persons themselves may need assistance and counseling to understand the life cycle requirements for such supports. Multiple supports are currently available from an extensive range of funding sources.

The most important element in this structure needing redefinition is the place of the Sheltered Workshop or Work Activities Center. Work and payment for work are closely related to the financial support system. Currently, there is new legislation that is beginning to deal with this question. These issues are being discussed on a national and local level by all groups concerned. For the provider community, the group of severely handicapped and the services they require in the "mainstream" of services for all severely handicapped, may present the most critical challenge requiring resolution.

Recognition of the needs of the severely handicapped contributed to the formulation of the Independent Living legislation. A major thrust of this concept is the requirement that the handicapped be involved in the policy making, management and the delivery of services. This, although not the primary intent of the law, creates a new employment market for the handicapped. The Independent Living Program has, as one of its goals, supporting and contributing to the disabled person's ability to work. This program, not yet fully funded in all aspects, needs careful consideration and exploration of what could be potentially conflicting strategies.

It is also paradoxical that legislation that supports civil rights and equality and stipulates that the consumer must be represented in policy making, management and delivery systems, may be in conflict with a parallel mandate of the federal government to coordinate and merge services. Tucker (4) reports the finding that there is an inverse relationship between the theories of coordination and citizen participation which, in the past decade, were the two most popular reform strategies for the social-service delivery system. "Attempting to achieve optimum strategy, i.e. incorporating both in one system is impossible because of direct inverse relationship." The egalitarian civil rights concerns of the 60's and 70's required modification of the delivery system. So, in the 80's, economic concerns will again require us to study what we are doing to revise this service delivery model and to reassess our activities. The boundary between generic and specialized agencies must be reconsidered and revised. The provision of vocational services clearly makes this point. Identical vocational-rehabilitation services can be offered by both governmental and private agencies in the same geographic area.

In summary, this paper has attempted to sketch the development of programs and services for expanding employment opportunities in the mainstream of our economic life for blind and visually-impaired persons and to raise questions that will need to be addressed in the coming decade. Such questions require first and foremost, a commitment to such a goal and then a dedication and concentration of resources on research that will provide the basis for a more cohesive and cost effective program and service structure - a structure that takes into account the consumer and community constituencies and their interrelationships.

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IMPACTS OF MAINSTREAMING ON THE ELDERLY

This is the last of four sections that deal with the impacts of mainstreaming on visually-impaired persons at various age levels. It explores these impacts as they may affect the elderly - age not specified. The section differs from the previous ones in that it was made to find someone to address him/herself to that topic but none seemed to think that there was sufficient information to produce one. Perhaps career development and planning are not relevant for the elderly. Or, it may be possible that it is an area of consequence that has yet to be attacked. The questions will need to be left for future issues of Blindness. The two articles that follow were prepared by Kathleen Kahler and Dorothy Demby and deal with the impacts of mainstreaming on the elderly with emphasis on the educational process and interrelationships with family and community, respectively.

MAINSTREAMING THE VISUALLY IMPAIRED- AN EDUCATIONAL PROCESS*

by

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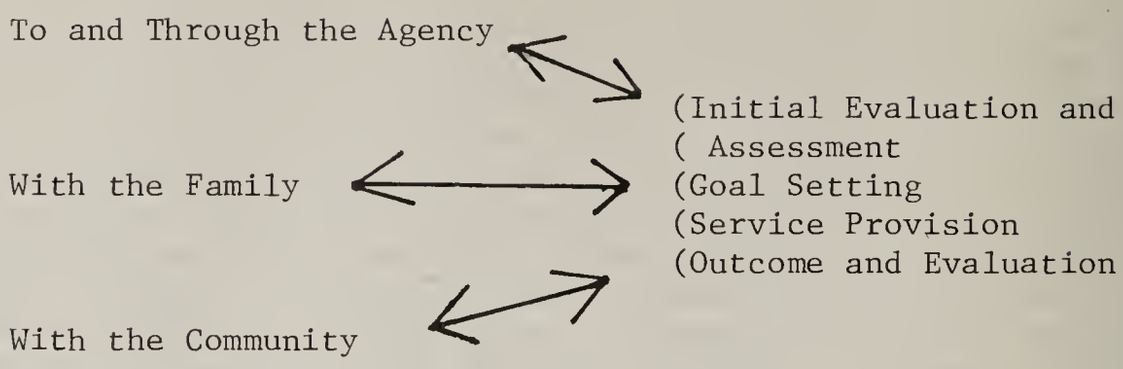
Education, the Missing Link

In any attempt to mainstream an older visually-impaired person, education must be provided. This education can take many forms involving not only the visually-impaired person, but also the family and community.

The educational process must also vary with, among others, the client's socioeconomic status, racial and cultural heritage, extent of the visual impairment, past and present educational setting, physical capabilities and age. It seems impossible to analyze all the factors involved in setting up educational programs aimed at the older visually impaired, but the above mentioned are some of the most important, and will be examined as we look at the mainstreaming process as shown in the chart below. This chart, that will be referred to throughout the article, suggests an integrated educational process for coordinating all phases of mainstreaming the elderly visually impaired.

* The author wishes to acknowledge the contributions of many staff members of the Channel Markers for the Blind, Inc. for ideas and program content for this article. Unfortunately, space limitations made it impossible to list their names.



Mainstreaming to and Through the Agency

The factors listed above, such as socioeconomic status, form the basis for the initial evaluation and assessment that should occur at the beginning of each phase of the mainstreaming process indicated in the chart. These variables constitute necessary components of any evaluation and assessment of the prospective client. It is suggested that given these variables, the goals, services provided,and outcome for the client will be wide and varied.

For example, the socioeconomic status of the client may greatly influence his/her perception of the agency and what it can offer, just as it may have affected his/her ideas about seeking help from service-oriented organizations. These factors will influence the educational mode necessary, even in an initial interview. Racial and cultural heritage may very well enter into determining the prospective client's values and needs, such as the need for maintaining independence both in terms of self-care and community involvement. Certain cultures may espouse definite views regarding the family's responsibility in taking care of their own. In addition, although the client, being older and having grown up with these traditions, may assume that his/her family should adopt a caretaker role regarding his/her welfare. The children may not feel that responsibility. The generation gap really comes into play in this situation. On the other hand, the spouse, being from the same generation and having the same value system, may exhibit overprotectiveness.

Relative age in terms of historical periods, such as the Great Depression in which a person has lived, may greatly affect the older visually-impaired person's view of services provided outside the family. For example, he might perceive that blind service agencies offer service for "welfare" cases only. Due to this factor, education may be needed to promote awareness of the role of the social service.

Germane to this discussion is the fact that in our society "elderly" may be defined as anyone sixty years of age or older. Yet, we may be talking about a thirty to forty year age span in the groups served. Each decade of "elderly" may come from a different perspective.

Just being termed a "client" may greatly upset some older people, for the term may be demeaning to them. Even differentiating between attending a "group discussion" and a "class" may be a point of importance to an older person. These factors just mentioned seem to be more pointed toward what we, as professionals, must be aware of when working with the "elderly" visually impaired, for age may be the single most important factor in the mainstreaming of the older visually-impaired person; and must not be overlooked or treated lightly. Not only visual loss, but many other changes, good and bad, can occur in the aging process. What is the client's attitude toward visual loss? What is the client's attitude toward aging? These may be factors causing a loss of status in the family and society, and loss of self-esteem.

Fear of blindness, fear of old age, fear of the unknown, all deter the mainstreaming process and can only be put in proper perspective through education of what is to come. For examply, understanding of one's eye condition and what it involves may minimize fear of the unknown. What does it mean to have cataracts? What is entailed in cataract surgery? If a person is unaware of the facts, he may not pursue the correct and most effective path for him/herself due to fear or lack of knowledge. Through education, the fear may be minimized and the client may build self-confidence when he/she knows support is available. As a part of the educational aspect of mainstreaming the elderly blind, we believe it is important for professionals, as well as the visually impaired and their families, to understand what is happening emotionally and psychologically to that newly visually-impaired person. We must also keep in mind that, as professionals, we may be aware of the psychological aspects of loss of sight, but must not overlook this information when working with a client or family. The client and his/her family may not have realized or understood the psychological implications. Awareness of these aspects is important. Just talking about feelings and emotions may be threatening in itself to both the client and his/her family. We may find a need to change our educational mode due to these factors. Denial, anger, depression, bargaining, all seem to be a part of the adjustment process before acceptance of the situation by the visually-impaired person is recognized. Family members should understand that these phases are normal.

If a person has not accepted his/her condition, it is usually impossible to go further than the evaluation and assessment. Goal setting does not seem appropriate in this case since the client is not able to believe he/she is capable of attaining or even setting objectives. We have found within our center that group discussion is an important factor in supporting the visually impaired in their adjustment to a visual loss. However, the concept of joining a group for support, and help in dealing with feelings about vision loss, may threaten the self-image of an older visually-impaired person. Such phrases as, "I'm not crazy, I don't need a counselor, I'm fine", are heard. Calling such a group a "discussion class" may facilitate involvement. The opportunity to talk with other visually-impaired persons is often helpful to those going through the adjustment process, and may be a first step in the educational process. Status and

recognition can be achieved within a group. To be valued by a group and respected for one's views and accomplishments helps to rebuild self-esteem, which is a main ingredient to mainstreaming.

In writing this article we hope to help in integration and co-ordination of service provision in the mainstreaming process. A most important aspect of the total process is to insure, in each phase, periodic reviews of the appropriateness of the services each client is receiving.

An indicated previously, education begins within our center with the client's first contact, whether it be a staff member or another client. At this initial meeting, our goal may often be to discredit the belief, "If you can't help me to see better, you can't help me". We may begin by an orientation to services available for visually impaired, and an assessment of the client's feelings regarding involvement in the agency. As outlined previously, at this time it is important to recognize the variables mentioned earlier, such as age, racial and cultural heritage, socioeconomic status, education, extent of visual loss and how recent this visual loss is. During this initial interview, many clients may ask to learn Braille simply because it is the only service with which they are familiar. Learning Braille may or may not be appropriate for the client, due to factors such as age, tactile sensitivity, memory and motivation.

The initial interview may take place in the person's home or within the center, depending upon the person's needs and physical capabilities. During the initial contact, the interviewer or interviewee may feel at the time that our services offered are not appropriate. The client may need services from elsewhere before our programs may be helpful. As the decision is made, the social worker makes necessary referrals. If center-based rehabilitation is appropriate, goal setting can be pursued-again an education process. Initial goals may be short term, approximately six weeks, because most elderly people are not interested in, or willing to set, long-term goals or commitments.

Prospective clients need much guidance in goal setting because the choice of services may be vast. Most older visually-impaired persons are unaware of available services as was cited in the Braille example above. Part of the educational process is to impart information concerning what is available. One method by which this information can be disseminated is through an orientation class. A sample curriculum is appended. Particularly important to remember in goal setting, especially in dealing with the fragile elderly, is the client's stamina. Two hours a week of instruction may be the extent of the client's capacity.

One service with which many clients are unfamiliar is mobility instruction. The most prevalent need for mobility among the clients of our agency centers around home and neighborhood travel, such as walking around the block for exercise. Lack of sidewalks, fear of

falling, inability to cross streets, are reasons most frequently expressed for the client remaining indoors. These reasons are the ones expressed most frequently by the elderly population. Once these fears are reduced, again by education and cane skills, the majority should begin taking walks on a more regular basis. Education of family members is encouraged. Being present during the initial interview enables the family to understand the mobility instructor's role and the reasons for pursuing particular goals.

Observation of actual lessons are discouraged during the learning stage as the presence of family members and their comments frequently make the client even more nervous and self-conscious. However, the client is encouraged to demonstrate newly acquired skills to the family members. Being included in the training process may help the family, particularly spouses, loosen the strings of overprotectiveness. Mobility cannot be overlooked in any phase of mainstreaming. The importance of mobility in terms of accessibility will be discussed in a later section.

We need to keep in mind the constant change in the needs of the elderly visually impaired. This is especially important within this population, because physical factors other than a progressive loss of vision can constantly alter mobility capabilities, desires, and goals. This aspect may not be so important in other age groups.

Acceptance of the need to use a cane may vary with factors such as socioeconomic status, visual impairment and racial and cultural heritage, for some view the cane as a stigma, the ultimate degradation. Again, we see the need for education, not only for the visually impaired, but also for the family and society. The old adage "Pride cometh before a fall," seems quite appropriate in this instance.

Mainstreaming with the Family

Just as it is important to insure that the family is aware of the mobility skills acquired by the visually-impaired person, it is equally necessary to share with them other factors to which the visually-impaired person must adjust to continue everyday living. The family's entire life style and internal structure may change to some degree. For example, the newly visually-impaired person who had always assumed the head of household role may now feel unable to continue in that role, or family members' actions and feelings may preclude it. Personality changes may occur in all concerned.

Because of the role reversal factor or loss of status in the household, the older visually-impaired person may need help in being mainstreamed back into his own family, just as the family may need assistance in readjusting. This process might involve the client, his/her family and the professional working together to reestablish role relationships. The family may need education through counseling, classes or other means, to discern what the newly visually-impaired person can continue to do within the family structure, and how the

family may need to review how tasks are carried out within the family. The family may also need to understand the goals which the visually-impaired person has set for him/herself. For example, he/she may have decided to be responsible for preparing certain meals without help from other family members. However, in using the identification system which he/she has devised, he/she may need cooperation from the family. Rearrangement of the kitchen into a more functional pattern for the visually-impaired person may disturb long-established family housekeeping routines, and result in major sources of conflict. Even education of the family as to the reasons for the alterations may not resolve the conflict. The sighted family members may find the changes too much to accept or dismiss them as unnecessary.

Families may benefit from a class or group in family adjustment to blindness. Suggested topics for family adjustment support groups are appended.

Mainstreaming with the Community

Mainstreaming into the community can occur at any phase of the rehabilitation process. Ideally, if total loss of community involvement has occurred, community integration should take place slowly, begin while the client is still involved in the training program, and even be reflected in the initial goal setting but in a non-threatening manner.

Staff should take care not to overwhelm the client as he/she starts his/her rehabilitation process. This question of when and how to discuss community integration is delicate. Elderly persons may have many setbacks along the way, and may fear making even short term plans. Also, once they have found and accepted help from a service agency for the blind, they may be reluctant to even think about involvement in other activities.

In many cases, the client will have retained good community ties. In these situations the agency should be cautious not to disturb or replace these existing relationships. In fact, our agency deliberately offers classes and other services within the client's community, residential area such as condominium complex or mobile home park, or church to strengthen or, at least not to harm, established ties. By extending our programs into the client's community, often we are able to promote public awareness of visual impairment by providing an orientation session for residents.

Preparation for community involvement must occur at all phases of the client's education. Not only must the client have learned the necessary skills, but must perceive his/her progression toward independence. For this one needs continual feedback not only from staff but also from his/her peers.

In addition to preparing the client and his/her family for his/her eventual "graduation", the agency must work with the community.

Education of the general public as well as health and social service professions is needed. However, staff can provide this information only to a limited extent. The visually impaired can function best as their own spokesmen. However, helping the visually-impaired person to assume this responsibility is necessary. Assertiveness training might help and has been tried successfully at our agency. An abbreviated sample curriculum is appended. Assertiveness training has seemed to promote and to help the client to reestablish feelings of self-confidence and self-esteem. In addition, due to changes in client behavior and enhanced self-esteem, family relationships have been improved, and family members and friends often feel more comfortable with the visually-impaired person.

In addition to confidence, self-esteem, and family and agency support, the visually-impaired person must come into the community armed with knowledge of available resources and how to use them effectively to meet his/her goals. An especially important community resource is transportation. As stated before, the agency initially should impart the needed information to help the client, for example, to find bus schedules and teach him/her to use the established public transportation system. However, after this instruction, the responsibility for obtaining needed information regarding transportation should be focussed on the client.

In addition to sharing information with the client regarding recreational opportunities in the community, work and volunteer options should be explored. The need to be needed is an aspect that should not be overlooked, and sensitivity to it cannot be overemphasized. Opportunities such as SCORE, RSVP, and the AARP Work programs should be explained. Volunteer work with children has been expecially rewarding for our clients for many miss contact with their grandchildren.

Low Vision Services

Our agency has recently developed a low vision service. We are still groping for the manner in which this program should be integrated with the mainstreaming process. New clients whom we provide low vision service may not need the other services. Ties with the community may remain intact and, as we said previously, should not be disturbed. Clients who need this service, however, may feel that they are neither "fish nor fowl". In other words, they may feel that they belong neither in the sighted or blind world. In this case, education may be the most important factor in the adjustment process.

All the factors mentioned earlier in the paper such as age, socioeconomic status, cultural background, come into play here. Of utmost necessity are the initial evaluation and goal setting. The family needs just as much education, if not more, in this situation; and providing the information may be more difficult.

Due to limited experience in managing and integrating this function with our other services, we do not wish to comment further.

However, we do want to stress the importance of the client's and family's educational needs in this area.

The framework under which we are currently operating the service is attached in the appendices.

Institutionalized Elderly Visually Impaired

We have concentrated in this paper on the mainstreaming of the noninstitutionalized elderly and their potentials. However, we want to at least comment on mainstreaming possibilities for the institutionalized visually impaired. In so doing, we need to limit our definitions of mainstreaming, for in the case of the institutionalized, mainstreaming may mean participation in institutional affairs or perhaps, at best, reentry into the protected home setting with day care or homemaker service and limited independence.

Services to the institutionalized elderly blind are neglected. The need for such services has been documented in a number of communities. One need most often overlooked is that of identifying institutionalized elderly blind and of initiating programs in nursing and retirement homes and housing projects that will help to meet these persons' educational and emotional needs.

A study done in a Florida community by the American Foundation for the Blind recommended setting up group activities to provide opportunities for institutionalized blind "to learn skills' to participate as part of a group; and to express their concern and hopes with others in similar circumstances."

The study goes on to suggest that,

> "Older persons, for example, including those who are blind, are most eager for any opportunity to continue to be active and to feel useful. Many such persons, however, are in nursing homes and homes for the aged, and even though they want to continue to contribute to the community, to engage in recreational programs, or to learn how to take better care of themselves, or to regain some meaningful activity that has been lost, they have not had the opportunity. Evidence from a few studies concerning aged blind persons in institutions indicates that many fatalistically accept visual loss that accompanies old age and feel that nothing can be done about it. They might be mobile, but refuse to leave their rooms; possibly they could feed themselves, but refuse to do so, etc.".

The study concludes that....

> "To insure proper vision care for nursing home residents, several attitudes of the people involved must be changed.

> Many of the residents had resigned themselves to the fact that loss of vision is one of the inevitable handicaps of old age, and gradually gave up those activities that require vision. Many felt that their blindness was a punishment for past sins, or possible for the sin of growing old.
>
> "It would be doubtful as a cause, but it appears that the loss of visual stimulus is a highly decisive factor contributing toward senility. The same symptoms, i.e. disorientation, failure to recognize familiar objects and persons, lack of interest in their surroundings would be exhibited in either the case of senility or the case of gradual blindness. All too often, it is assumed that these changes in behavior are due to senility and not to blindness".

Furthermore, surveys conducted in other areas indicate that a significant number of nursing home patients are visually impaired and that in many cases this impairment goes unrecognized by the staff. Providing classes for the visually-impaired residents of nursing homes will hopefully heighten staff awareness of the visual losses being experienced by patients and the concomitant losses which accompany the diminution of this sense.

Group and individual instruction might be offered in the following subjects:

a. "Communication Techniques", that involves teaching the client to express feelings openly and directly to improve relationships and overcome depression, as well as to aid the adjustment process.

b. "Visual Impairment and the Elderly", designed to familiarize the blind individual with the agencies and services available to help him/her to provide an understanding of the psychological aspects of adjustment to aging and blindness, and to teach the aged visually-impaired person and his/her family what to expect from his/her handicap and how to cope more efficiently.

c. "Assertiveness Training for the Visually Impaired", that teaches the client how to differentiate between passive, aggressive, and assertive behavior, and how to make assertive behavior work for him/her in ways that will improve his/her communication with, and understanding of, his/her family members, the sighted public, and him/herself.

d. Individualized instruction on individual and family adjustment to vision loss and aging.

Conclusions

In pursuing our agency's philosophy of successful community integration for our clients, we have encountered problems having to do, for the most part, with community support and failure in our service provision system. Of course, client motivation impacts on all of this discussion. Some of the problem areas are discussed below.

Community support factors

1. Lack of public transportation.

2. Initial negative experience for clients attempting community participation such as a failure in the transportation system that the client may take personally, or that may make him/her too anxious to try again.

3. Lack of acceptance by peers.

Failure in service provision

1. Inadequate followup for clients who have been mainstreamed.

2. Client identification with, and dependency on, the agency.

3. Client inability to envision the future which may be an age-related factor.

4. Agency inadequacy in preparing clients psychologically and educationally for mainstreaming, such as teaching the client to handle setbacks.

5. Development of friends within the agency.

Lack of public transportation is a major deterrent to our clients in seeking community involvement. Buses are not always accessible, and service is often limited. Clients may not be motivated to or physically able to cope with transportation problems daily or even once a week. Demand-response transportation systems help to solve some of the dilemmas. However, clients may be forgotten or may arrive late for appointments, an aspect that may bother an older person very much. Negative experiences with transportation or other matters for clients attempting community participation on their own the first time may shatter their resolve.

Peers may be cruel, nonacceptant, or ignorant. Thus, integration of the older visually-impaired person into a senior citizen center, for example, may be difficult. Denial or fear on the part of the sighted, older person that "this could happen to me" may result in ostracism. On the other hand, seeming ostracism may only reflect a lack of knowledge of how to relate to or to help a visually-impaired person. The other extreme of overwhelming effusiveness may occur and

embarrass the visually-impaired person.

Older visually-impaired persons may fear entering into a new environment. They should have the skills by this time in their educational process to cope with exigencies such as asking for help or finding their way around a building. However, knowledge is not always enough, for anxiety, feelings of helplessness, fear of new situations all impact upon the person. In this case, agency followup makes the difference in the client's willingness to continue. In our agency, lack of staff availability has, in many cases, precluded adequate followup.

The agency often fails also to prepare the client psychologically and educationally for mainstreaming. The staff often works so hard at motivating the client to become agency-involved to learn needed skills, that dependency results. Clients may see no reason to look beyond needs. As we stated before, this independence-dependence pendulum is difficult to solve or perhaps cannot be solved with the older population. Physical, mental, and economic setbacks can occur at any time, and thus destroy or damage the progress the client may have made toward independence. Trying to assure the client that the agency will be there to help when he/she cannot cope, and at the same time, to encourage community integration is difficult to achieve.

The client has most probably developed new friends within the agency, friends with whom he/she feels very comfortable. Through groups and classes, he/she has probably shared this feeling, helped others through crises. In some way, the agency must help him/her to find a way to maintain these most important ties, if he/she desires, and yet help him/her to look forward to making new acquaintances in the community. Again, this friendship network has both helped and hindered community facilitation at our agency. It can be used in very positive ways. Clients may venture forth together to try out a class or to find out what is going on at the theatre. Sometimes transportation availability limits this possibility. Transportation may also deter clients from formulating their own mutual support groups outside the agency. Extensive phone networks often help.

Clients may also perceive limitations to their life styles, such as physical problems, before they occur and thus choose not to become involved in the community. Also, they may genuinely not know what they want to do. At our agency, we have not dealt with this educational/motivational problem very successfully.

To all of these problems cited, there are no easy answers; but, as we have tried to emphasize throughout this paper, the importance of education is most evident. In Webster's dictionary, we find the definition of education as follows: "the process of training and developing one's knowledge, skills, mind, character, etc." This statement applies to all facets of life and learning, and at all stages of growth and development..not excluding the elderly. Often it may be easier to give up, to say that the elderly visually-impaired person

cannot or should not be mainstreamed. We must remember that ours is an educational function; the client must make his/her own decision. AWARENESS of how education enters into the mainstreaming process, and even that it can be applied to the elderly, is all important.

The chart below indicates the components that must be integrated in a helpful and useful fashion to facilitate mainstreaming. The linkage or cohesive factor that is often underemphasized or overlooked is EDUCATION; or as we have identified it, the MISSING LINK.

Appendix A

ORIENTATION TO DAILY LIVING SKILLS CURRICULUM

Prepared

by

Kathleen Kahler

SECTION I: INTRODUCTION

A. Introduction to the agency's services and staff

B. Overview of class curriculum

C. Get Acquainted Period for class participants

D. Overview of common eye diseases affecting the elderly

E. Introduction of basic sighted guide techniques and self-protective methods
(Note: Use of "graduates" as hosts or hostesses can ease the get-acquainted period)

SECTION II: MEAL ETIQUETTE

A. Eating at home - needed skills

B. Eating in restaurants - needed skills such as how to ask a waitress for help

SECTION III: SPECIAL SERVICES FOR THE VISUALLY IMPAIRED

(Talking Books, agencies, tax exemption, etc.)

SECTION IV: INTRODUCTION TO COMMUNICATION AIDS

SECTION V: KITCHEN ORIENTATION

SECTION VI: SENSORY AWARENESS

SECTION VII: PERSONAL CARE

(Hygiene, clothing, dressing)

SECTION VIII: RECREATIONAL ACTIVITIES

A. At home

B. In the community

SECTION IX: HOME MANAGEMENT

SECTION X: DISCUSSION OF PSYCHOLOGICAL ASPECTS OF BLINDNESS

Appendix B

DISCUSSION TOPICS FOR FAMILY ADJUSTMENT SUPPORT GROUP

Prepared

by

Walter Dillard

1. Visual Impairment is a problem for the whole family
2. Blindness is a new way of life
3. Mobility is often greatly curtailed
4. Transportation becomes a headache
5. Personality changes often occur with onset or advance of blindness
6. Physical aspects of blindness
7. Psychological aspects of blindness
8. Skills needed to cope with living
9. Formation of new attitudes toward adjustment
10. Keeping the mind alive...(use of Talking Books, the media, hobbies, etc.)
11. Recreation
12. Family finances
13. Aids and appliances for the blind
14. Career possibilities
15. Getting out of the house
16. Maintaining friends
17. Furniture arrangements in the home
18. Making use of community services

Appendix C

ASSERTIVENESS CURRICULUM

Prepared

by

Cindy Harshbarger

A. Introduction to Assertiveness
   Definitions of passive, aggressive, and assertive behavior-handouts, etc.

B. Self Image Exercises

C. Utilization of assertive behavior in day-to-day interaction with sighted persons, such as asking for or refusing assistance.

D. Assertive Techniques

E. How to cope with negative reactions to assertiveness

F. Role playing using large-print role cards and situations which a visually impaired person might encounter.

Appendix D

LOW VISION SERVICE

Prepared

by

Daniel A. Palmisano

Initial Evaluation and Assessment

There are three avenues through which persons can be referred to the Low Vision Service.

1. INTERNAL - They may already be agency clients who have referred themselves after learning about the service in one of the orientation or daily living skills classes.

2. INTER-PROFESSIONAL - They may be referred by other professionals or agencies in the community who have been informed about the availability of low vision service.

3. FAMILY/COMMUNITY - They may learn of the service second-hand from a friend or family member who is already familiar with the agency. (e.g. a former patient). Additionally, they may find out about the service through out public-relations' efforts in the media.

Once the referral has been made an information-gathering process is initiated. A social worker on our staff arranges an interview with the person and also contacts their current eye care practitioner for a summary report of his/her eye condition and prognosis. Since our agency's purpose is to provide low vision services and not to provide complete eye care, each client screened is required to have their own ophthalmologist. In addition, each is encouraged to return to his/her original eye care practitioner on a regular basis. This approach allows professionals in the community to refer people to the service without fear of losing patients since they recognize that we are acting as only one more member of the team helping them to manage difficult cases.

The interview serves a dual purpose. It allows us to make an initial judgment as to the probable success of vision rehabilitation, while at the same time affording an opportunity for us to educate the person about: 1) his/her eye condition, 2) the types of vision-correction possible with low vision devices, 3) the limitations that those same devices may impose, and 4) the options available to the person for use of their remaining vision at home and in work settings.

The interview attempts to establish the extent of the patient's understanding of his/her eye condition and the extent to which diminished eye sight has affected his/her life style. The interviewer also tries

to ascertain the patient's understanding of low vision. Then he works with the patient to establish achievable goals.

The low-vision history provides a starting place for the initial evaluation and assessment of low-vision patients. It is here that the individual first comes in contact with the low-vision technician who will explain to the patient exactly what a low-vision examination is and how they may benefit from such an examination. The technician will then discuss in detail with the patient his/her past history and his/her understanding of his/her particular eye condition, its characteristics and limitations.

The technician will also encourage the patient to talk about any problems or difficulties he/she may be experiencing in coping with or adjusting to visual loss. He may also ask the patient questions regarding his/her ability to see street signs, bus numbers, or television. Can he/she read mail or the newspaper without difficulty, or does he/she require the use of a magnifier to perform such tasks as looking up a number in the phone book or writing a check? If the patient is using a magnifer, then the technician will need to help determine whether or not that magnifier is helpful in performing his/her daily tasks. The technician may also need to question the patient about the type of lighting that is best for him/her in any particular situation, whether it be reading or doing close work or focusing on things at some distance.

Goal Setting

We measure the result of the initial screening/interview against the patient's goals. If the patient responds to magnification and if the patient's goals are realistic, a more extensive low-vision evaluation is scheduled. If, however, the goals are unrealistic a satisfactory compromise must be advised, or further testing will not continue.

Once these questions have been answered, the patient and the technician can tnen together begin to establish some basic realistic goals which the patient with the help of a low-vision device would like to achieve.

Service Provision

A complete low-vision evaluation is scheduled only when the staff agrees that the patient has demonstrated in the initial assessment or prescreening that they would be a good candidate for vision rehabilitation.

The initial screening/interview enables us to maximize the staff's efficiency by establishing the patient's motivational level or his/her adaptation to magnification prior to an extensive low-vision evaluation, thus enabling the staff to concentrate and devote their energies on those patients whose condition can truly be helped.

The low-vision evaluation is the culmination of all that has gone on before. The patient now has a clear understanding of his/her eye condition and has set reasonable goals for him/herself. The fundus and ocular media is evaluated and the refraction rechecked, but the emphasis is placed on the low-vision aids. It is at this point that motivation becomes a major factor. Even though the patient knows what to expect, handling the aids for the first time may be quite startling. Coordination is poor, the field is small, and the focal, or working distance, is short.

At the end of this examination, our optometric staff, in consultation with the intake social worker and technician, develop a plan of treatment. This usually includes the type of devices to be prescribed along with instructions on how they are to be used and comments about our impression of the prognosis for success. Family members are often encouraged to participate in this phase as they can help to reinforce our instructions to the patient.

Outcome and Evaluation

Unless there is a competent followup after the person has returned to the community, there is increased risk of failure to adapt successfully to the devices. An aid that functions well in an optimized clinical environment may not prove adequate in the home or work setting. In order to more properly evaluate the successful placement of our clients back into the community, it is necessary either to bring the person in to report on their experience or for more training, or if the situation is unique or particularly difficult, to send a staff member out to the home or work site to make an on-the-spot evaluation. Supplemental training and reeducation with new devices can be then prescribed as the case demands.

IMPACT OF MAINSTREAMING ON THE ELDERLY

INTERRELATIONSHIPS WITH FAMILY AND COMMUNITY

by

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Introduction

Society's move to integrate handicapped persons into as normal a setting as possible is in its early stages of development. Although the term "mainstreaming" has its roots in the educational rights of the handicapped child, the general concept characterizes the recent goals established for expanding the options and opportunities for all handicapped, including older visually-impaired persons who, heretofore, lived restricted lives in institutions. The move reflects the attacks on these institutions and promises an alternative in "the least restrictive environment" along with a hope for independent living for more and more of our nation's older citizens.

Nyquist (11) supports mainstreaming as humanistic. He sees it "simply as a way of looking at the world which emphasizes instead of money and things, the importance of man, his nature and central place in the Universe, which therefore teaches that all persons have dignity and worth..."

There are many aspects to integrating the older person into a less restrictive setting. All proponents of the concept agree as to the complexities involved in protecting individualized interests and concerns. Advocacy, rather than solutions to the complexities, becomes the timely approach for moving the mainstreaming concept for the older adult from an idea to a reality.

This paper is intended to give attention to the variables that differentiate mainstreaming handicapped children into a school setting, as opposed to mainstreaming elderly-handicapped persons into a community setting. It therefore, provides an overview on what older people, their families and their communities are experiencing and can expect, if all who are handicapped are to be helped to remain in as normal a setting as possible. In addition, there is an intent to stimulate concern for mainstreaming the elderly visually-impaired person as an emerging issue, with a need for increased public awareness; a rationale for public policy; and some guidelines for a revised service-delivery system.

A Conceptual Framework

In its broadest sense, mainstreaming is seen as a commitment to integrate people who are exceptional into our society, rather than to exclude them (12). It has also been defined as increasing the positive interactions between handicapped and nonhandicapped persons. The term has become popularized more specifically by the present mandate that every handicapped child be placed in the least restrictive environment, or as close to a regular program as each child can handle (15). P.L. 94-142, as this law is known, means that handicapped children, heretofore segregated, are now being mainstreamed, with the belief that they can "profit" from an appropriate program of education in a regular class (14). The promise of "profit" to handicapped children through mainstreaming stimulates an assessment and extension of this concept to parallel approaches for integrating older people into our society, rather than to exclude them.

Parallel approaches to mainstreaming are recognized by a variety of terms, some, primarily concerned with the disabled, some with the mentally retarded, some with ethnic minorities and others with the elderly institution-bound or home-bound persons. Regardless of terminology, all the terms embrace a common concept. Each calls for more than a physical move, declaring also the individual's resocialization and preparation for reentry into a broader community setting. For example:

Normalization

A principle that disabled persons should be served in programs and services as normal as possible to minimize stigma and isolation (19). This clearly indicates that the disabled can be trained to function at higher levels of self-care and maintenance, regardless of age.

Integration

Defined by Lowenfeld as the mutual acceptance based on equality of opportunity and before law, between groups which differ in some important characteristic-racial, religious, physical, or otherwise (9).

Deinstitutionalization

The term used often in reference to the older person. Its meaning is described as the prevention of admission by finding and developing alternative community methods of care and training; the return to the community of all residents who have been prepared through programs of habilitation and training to function adequately in appropriate local settings; and the establishment and maintenance of the kind of responsive residential environment that protects human rights and contributes to the expeditious return of an individual to normal community living wherever possible (10). This definition is equally applicable to the older visually-impaired resident by placing

responsibility on communities for the development of adequate appropriate services. It conveys the need for a variety of services to the elderly.

By whatever terms, the goal remains to provide individualized interaction and socialization between handicapped and nonhandicapped persons in a community setting. To accomplish these goals for the elderly, special considerations need to be given to the trends in our society affecting the older person and the environment in which he or she must live.

Historical Background:

A national awakening to the potential of handicapped citizens to participate fully in the mainstream of society is gradually changing and expanding the work opportunities, as well as the social environment of a heretofore isolated segment of our society. Dahl (3) sees this change as being manifested in many ways:

1. Ramps, curb-cuts, reserved parking areas, accessible rest rooms, lower drinking fountains are now common sights, whereas, years ago, none of these accommodations were known.

2. Employers are mandated against discrimination and to make accommodations for the handicapped is having a fair chance to compete for jobs and promotions.

3. Handicapped pressure groups are formed to make demands and their legal rights and human dignity.

4. The right of the handicapped in participating in publicly-supported programs and to have access to public facilities is being increasingly recognized and supported by legislation and the courts. In other words, handicapped persons are increasingly dissatisfied with being shunted into society's byways. Their rights to participate are being recognized and supported by law and the ability of the handicapped people to be active, successful contributing members to society are becoming even more apparent.

Historically, attitudes toward all minorities have undergone profound changes. Consequently, Lowenfeld (9) points out, the status of the blind, as well as society's attitude toward them, have changed, and these changes have been progressively for the better. The trend is away from overprotection, isolation, segregation and pity. No longer, Lowenfeld explains, are blind adults regarded as liabilities and their status that of separation.

In the field of work for the adult blind Lowenfeld cites the following changes that have had an impact on the integration of the

adult into the mainstream of society.

1. The philosophy of vocational rehabilitation has been changed from a stereotype of work for all blind to the individualization of placement and training, according to aptitudes. Mary Switzer often called this "vocational individuality" for the blind.

2. The 1954 Amendments to the Vocational Rehabilitation Act brought an influx of the blind into industry.

3. Freedom of mobility is now possible with new ways of enabling the blind to become proficient through mobility-training techniques. The development of mobility as a discipline is another significant indication of integration.

4. Families with blind members integrated in communities are increasing. Fewer homes for the blind now exist.

5. There are vast improvements in optical aids. Their most frequent use is normalizing the status of many hitherto blind people.

6. The GI Bill of Rights and its provision for a college education brings more and more young adults and future older adults into the mainstream of society.

7. Consumer advocacy in legislation for the blind continues to expand.

8. The numbers of blind employees and administrative personnel, with full leadership responsibilities are increasing.

9. The Civil rights legislation and its development for other minorities radiates to the visually-impaired community.

The concern to transfer older people from institutions into the community goes back several decades. In reviewing the course of events in deinstitutionalization, Dempsey (5) indicates that improvements in the capability of the community-service system are a result of the clamor from consumers for access to these services; introduction of antibiotics to reduce death rate in institutions; and the resulting overcrowding that required either building new institutions, or funding a community alternative. Normalization provided the philosophy and court rulings against unnecessary restrictions in non-therapeutic settings, provided the legal ammunition for these changes.

As we look at subsequent events that bring attention to mainstreaming older handicapped persons into the community, the following developments have major bearing on the issue.

1960-1970:

The establishment of Medicare-Medicaid in the mid 60's, made

it possible for families to secure medical and long-term care in the community--the advent of the Civil Rights Movement gave impetus to the recognition of rights of all minorities, including the handicapped and the elderly.

The growth of advocacy programs made it possible to handle legal issues of the blind as well as the elderly.

The investigation of normalization methods by school educators in Scandinavian countries (16) elicited new information to support mainstreaming.

1970 - 1980:

The Vocational Rehabilitation Act of 1973 as amended, especially Section 504 with reference to benefits for all ages, as a Civil Rights Statute, prohibits discrimination against otherwise qualified handicapped persons in any federally-supported program.

Title XX, the Social Security Act of 1975 (20) is a Grant-in-aid Program that reimburses States for 75% of their social-service expenditures. The services provided enable an individual, or a family, to improve its economic social or psychological condition in life. One of the Title XX service areas specifically related to mainstreaming the elderly is the prevention or reduction of inappropriate institutional care by providing for community-based care, home-bound care or other forms of less intensive care.

PL 94-142, Education for All Handicapped Children's Act of 1975 passage of which has had a profound effect on institutional admissions and the ability of families to maintain handicapped in their own homes. Reynolds (16) points out that parallel events, such as the Rehabilitative Comprehensive Services and Developmental Disabilities Amendment of 1978, extends and amends the 1973 Rehabilitation Act and the Developmental Disabilities Act and authorizes a new program of independent living services for handicapped persons.

For a summary of other legislation, see Summary of Selected Legislation relating to the handicapped 1977-78, USDHEW, May, 1979 (5).

Issues--Family and Community

Despite the fact that historic events have reversed the direction of services for the handicapped by bringing them more fully into community life, new and unresolved issues have emerged. Some are problems involving the older handicapped person or his family, others are the concerns of the community at large. In either case, the central concern is, "What does it mean these days to be integrated into community life as an older visually handicapped individual? What is important to consider for those who care?"

Data from the National Center for Health Statistics, Health

Interview Survey of 1977, indicate there were 11,415,400 persons in the United States with visual impairments. In 1975, the elderly represented at least half of the visually-impaired population, and were described by researchers, such as Goldstein as, "poor non-white, female, multiply impaired and over 75" (17). Current reports of Goldstein support this trend (6). In other words, about 12% or the total of 1.4 million ethnic minority persons are visually impaired most of whom are elderly.

The mainstream services that yield the best results are those that take into consideration the special factors that characterize the population to be served (4). The diverse sociocultural and ethnic components in meeting special needs must be a joint concern of family and community planners. Pepper (13) concludes by comparing general values held by Indian people, as contrasted with those held by people in the dominant culture; this is diversity of culture as it affects our values. One example compared shows that with the Indian, the wisdom of age and experience is respected. Elders are revered by their people, whereas in the dominant culture, older people are made to feel incompetent and rejected. With the Indian, family life includes the extended family as opposed to family life including only the nuclear family in the dominant society. With the Indian, time is present-oriented--that is, "this year", "this week", "now"--there is a resistance to planning for "the future", whereas, in the dominant culture, time is planning and saving for the future.

Family members, as a unit in today's society play an increasingly minor role in assisting and caring for individual family members who are in need. Institutionalization for the elderly handicapped has been an accepted practice over the past 50 years. However, the pendulum has swung in the other direction. Bringing older people back into the community requires new roles in cooperation with agency teams and responsibilities to family members. How will they respond? Attitudes, status, social and economic and cultural factors play a key role. The fate of the older relative to be mainstreamed depends on the way the family looks at the alternatives and the adjustments that are necessary. The fate of the mainstreamed older person also depends on the readiness of the community to receive and serve him/her with appropriate supportive services. What will facilitate the process? What are the constraints?

The problems all too often ignored in bringing older people into community life include:

1. Inappropriate community placements that result in exploitation of the individual, unnecessary family anxiety brought on by lacks and gaps of information.

2. Failure to communicate changes affecting the demography, the culture, the economy of a given area or group that could assist planners as to who to serve and how.

3. Institutional aging barriers, such as admission policies, attitudes, program regulations and service areas.

4. Moral issues. Sarrason (17) raised the question as to the use of mainstreaming. He asks, "How do we want to live with each other? On what basis should we change to give priority to one value over another? And, how far does one go in accommodating to meet the needs of our fellowmen?"

Once we move beyond the concern for mainstreaming with PL 94-142 and its procedures and funding, we do become aware of the human side. It is suggested by Stubbins (18) with new family roles, that the family cannot function as positive members of a rehabilitation team, until they have been educated to the many and varied problems associated with the impairment and given some help in coping with these problems.

A smooth and satisfactory transition back to community on the part of an older handicapped person depends on the environment in that particular community. Bradley (1) underscores the importance of values, laws, judicial decisions and current program procedures. Specifically, she refers to policies and values determining equal justice, human dignity, equity, individualization, normalization, least restrictive setting, right to treatment, protection from harm, efficiency, economy and effectiveness.

In the interest of the older visually-impaired person, one must consider Bradley's analysis as follows:

1. Equal Justice For the older person, this means all legal and civil rights such as equal access to public supportive services. Have these rights been specifically established for the older person? Is the available information understandable? To what extent are older visually-impaired persons included among the decision-makers who affect their lives? Are existing community services available and accessible, adequate and acceptable from the point of view of the older person, him/herself?

2. Human Dignity Insuring respect, privacy, esteem, socialization. Are the feelings and viewpoints of older persons respected? Are individualized options possible?

3. Equity The provision of equal distribution of services. Is there equal access and availability of services to all in need?

4. Individualization Recognizes the individual needs, problems and potential of each person. Are there community services to meet the range and change of needs, economically, socially and culturally?

5. Right to Treatment The provision of services that meet the generally recognized standards. Do accredited specialized

services exist to meet the special needs of the elderly person who is handicapped? Are ancillary services accessible?

6. Protection from Harm The elimination of harmful exploitive and potentially life-threatening conditions. What enforcement and support services are provided?

7. Efficiency Economy The promise to minimize the cost, the time, the waste in personnel and services. Questions to be addressed must not exercise economy at the cost of ignoring the aforementioned indicators.

It is suggested that the interest toward mainstreaming, or the integration of older persons out of institutions into more normal community living wherever possible, raises important questions concerning the readiness of the community-delivery system to provide the necessary services, training and supports that would provide the self-help and resocialization necessary. A transitional program needs to include not only coping skills for the individual, but also attitudinal sessions for staff. It is further suggested that decentralized services will serve more adequately the special needs of isolated groups. The smaller groupings will become more manageable and personalized, and consequently, less restrictive. These are the goals that lead to effective integrated services in the community for older, visually-impaired persons.

A recent ICSW Report (8) summarizes the wide variety of Federal Governmental Programs that touch the lives of the elderly, ranging from cash payments to personal social services.

The peculiar impact of these programs is of special interest to issues addressed in this paper. The Report states that on the one hand the aged now have an increased ability to maintain homes, apart from younger relatives and, at the same time, nursing home beds for the sick aged have increased. This increase is in part required, because of the growing number of older persons, especially those over 75 mentioned in this Report, who require fulltime institutional care. However, the growth of proprietory nursing homes has given rise to the charge that that national policy is strongly biased in favor of institutional care for those who are actually capable of managing for themselves. This charge is justified by the fact that Medicare payments for a limited period in a skilled nursing facility, and Medicaid payments for indefinite periods of time, have been available only for older persons who had spent at least 3 days in the hospital. Neither Medicare nor Medicaid has encouraged the use of equivalent funds to supplement normal Social Security or Public Assistance Benefits to help individuals to secure part-time assistance to remain at home. This is true despite mounting evidence that some elderly become nursing home patients, primarily for social reasons and not for physical or health reasons. This set of circumstances, it is thought, is largely due to the fact that medical care for the elderly is viewed essentially in economic and not in social terms, and that both Medicare and Medicaid policies are reflecting

controls exerted by the medical profession. More recently, some reversal has occurred. Both Medicare and Medicaid Administrations have given increased attention to payments for home-care services, in contrast to institutional care.

Early fears that the provision of federal funds for independent living of the elderly would loosen family ties have not been realized. But, the question has arisen as to whether government's assuming at least partial responsibilities usually borne by the family may not be a gradual expansion of this transfer to government of these obligations and responsibilities. The question arises then, whether care in nursing homes should be provided to the family under any circumstances, disregarding family income; and whether parttime home care services should be provided to the partially disabled by tax funds, even though these services at the present time, in some 75% of all cases, are being provided by family members, without compensation. This is not an easy matter to settle, because a substantial number of the elderly, about 14%, lack living relatives or are completely separated from family members. What social arrangements, in addition to economic arrangements, need to be provided, and how can more of the aged blind who retain family networks, be cared for most satisfactorily? These questions call for prompt resolution. Undoubtedly, expenditures in behalf of older people will rise persistently, in light of the continuing increase in their number and the explosive increase projected for the year 2010, and the ensuing 20 years.

Guidelines for Planning

A mainstreaming approach used in one setting to depopulate our institutions and to provide adequate community-based alternatives may not work in another. This is especially noteworthy in determining effective ways to deinstitutionalize the older visually-impaired population. Various combinations of ways can be tried. However, the underlying philosophy must embrace human dignity and human rights. This means that the thrust and rationale of any approach need to focus on human values, as opposed to fiscal, administrative, political matters. Along with this view, Neufeld (18) recommends programs that are decentralized. He submits that comprehensive community service systems need to be in place before institutional depopulation is considered. To improve the community-based service delivery for older visually-impaired persons, planners should ensure the existence and coordination of services that provide a full gamut of individualized habilitative, rehabilitative services at all levels of care.

Encouraging trends to facilitate these ideas in the field of aging are the growing number of comprehensive health programs, the increased participation of senior citizens in consumer organizations, the legislative programs that focus on the participation and self-expressed needs of the older population themselves; and new efforts to help families with services that are available, accessible, adequate, and acceptable to the individual's concern. Agency and

community planners now need to consider family issues such as the role of the family members; ways to reinforce the family as a social unit; and a responsibility for older members. In other words, services to families should include

> provision of family supportive services, such as money, transportation, training, resource information and skills, counseling, chore service, subsidized vacations, legal clinics, bilingual services;
>
> inclusion of older family member as a "voice" in planning; and
>
> ways to help family members to help themselves to mainstream the older member of the family.

It should be noted, when working with the elderly, that mainstreaming be preceded with the identification and assessment of their individual needs, and with the provision of necessary community back-up services. The 1980 mini-White House Conferences for Special Population Groups, in preparation for the 1981 White House Conference on Aging, provide an excellent opportunity to assess the needs of older members, who are visually impaired. Multipurpose centers should be established as a point of entry for integration. A range of services should be identified linked and utilized to meet varying and changing needs of each individual. In other words, a continuum of care for older visually-impaired persons needs to be provided. Agencies must be sure to provide interagency and interdisciplinary staff training in conjunction with a continuum of services, as a way to organize local services that provide options and alternatives for each older person. The content of this training should include agency resources as referral information for staff; a listing of the local service delivery systems; attitudes, beliefs and values of minorities; information on rural problems, if appropriate; and information in a foreign language, if necessary. Most important, training should include a demographic profile to clarify who the elderly visually impaired are in a given community, their cultural differences, their special needs and their economic needs. The training should also include a needs assessment for the appropriate kind of support service required in their new physical setting in the community. Training should underscore the use of various approaches and options through intervention programs, such as health screening, that would include vision problems, as well as, outreach and family education.

Conclusions:

Success in mainstreaming visually-handicapped older persons into the least restrictive setting depends on the potential of the individual, the attitudes and readiness of the non-handicapped community, the quality of living provided in the community, and the individual's family. The key is to focus planning on the entire

system of community services using a continuum of care that moves the older visually-impaired person from his or her most restrictive environment to the setting least restrictive for that particular person, based on the individual's culture, background, potential and need.

This is the counsel one spokesman of handicapped individuals has offered to families and communities.

"The problem is not so much with us, but with the people who are not disabled. We are always defined by them in terms of what we cannot do. We are determined to change these attitudes. I want to help others to see us as people, not as crutches, wheelchairs, and canes." ACCD-F. Bowe.

Buscaglia (2) sums it up this way for families and communities:

"Impairments do limit. In fact, an impairment is only significant in terms of the extent to which it limits the individual toward realizing his desired goals. Living life fully is mostly a process of eliminating confining barriers. This struggle begins in infancy and ends only with death--

It is vital that individuals, who are physically and mentally limited throughout life, have every possible opportunity to experience the world--the objects that clutter it, the people who inhabit it, the beauty that enhances it, the wonder that gives it color and brings about change, the everyday happenings that offer security, and the unexpected that brings with it the element of surprise. Limitations may arise from disabilities, but this does not infer that the (older visually) impaired individual must be a limited person."

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A LOOK TO THE FUTURE

The preceding articles have dealt with "what was" and "what is" concerning mainstreaming with major emphasis on the implementation of the concept with the visually impaired. Attention has been given to its implementation during the entire life span of human beings. Obviously the articles have made some prognostications and recommendations for the future. However, the last article by Best is aimed specifically at the future with observations concerning what may happen both positively and negatively. Hopefully, the positive observations will be those that the American Association of Workers for the Blind, as well as all other organizations serving the blind, will see blossom in the future.

MAINSTREAMING IN AMERICA:

A LOOK TO THE FUTURE

by

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Introduction

This article has been developed with several purposes in mind. It is hoped the reader will find within these words the wherewithal to explore and evaluate (1) the philosophical underpinnings of mainstreaming in the light of categorical service delivery, (2) the rationale for emphasis on "normalcy", (3) the problems and concerns seen as major issues, and (4) a plea for unified action on behalf of categorical services for the blind and visually handicapped in the United States.

This author writes with the personal conviction that services for the blind, as well as human services in general, are facing political and programmatic problems of crisis proportions. Even so, it is hoped that the reader will not despair, but rather will be inspired to positive action.

It is further hoped that this article will not be seen as unduly negative or defeatist in nature. Rather it should be viewed as a vehicle for spotlighting some of the major problems faced by the profession of work for the blind, for it is necessary to identify and understand fully the problems in order to effectively set about the business of conceptualizing, developing, and implementing workable solutions to those problems. Central to this process is the impact of relevant consumer input, resulting in a committed working partnership involving professionals and consumers working in concert.

Mainstreaming Defined

If we are to examine the impact of "mainstreaming" on workers in the field of the blind, it is believed that a definition of the term "mainstreaming" should be provided here to ensure commonality of meaning. The term as used throughout this writing is intended to mean integration of the blind and visually handicapped into the arena of the sighted. This means, among others, socially, educationally, and career wise. A person who is truly in the "mainstream" is not one who is on the verge of the sighted peer group, but one who is rather interfaced in a manner that is total and complete. An occasional token trip into the realm of the sighted is not considered to be mainstreaming for the purposes intended here. To reiterate, mainstreaming means total integration of the blind or visually-handicapped individual into the comprehensive gestalt of the sighted world.

Generics Defined

It is difficult to discuss mainstreaming without encountering the term "generica". For that reason it seems important to the sense of this article to define that term also from the frame of reference used in this writing. The dictionary defines the word "generic" as general and not specific. In terms of work for the handicapped, "generic" is that term that indicates the use of the generalist as educator, rehabilitation counselor, and the like. Further, it implies the use of the generalist in juxtaposition to the categorical expert. "Generics", then, is that philosophy of work for the handicapped that espouses the use of the professional who is a generalist rather than the use of the professional who is a categorical specialist, such as a counselor or teacher of the blind and visually handicapped.

Categorical Services Defined

Another important underlying issue that must be understood if this article is to make sense is the notion of "categorical services". What is referred to here is the idea of specialists in work for the blind working with blind persons. The category with which this article is concerned is blindness. The point is that categorical services are diametrically opposed in philosophy and in function to the generic services discussed earlier. Categorical services for the blind are functions based on the rationale that blindness is a unique disabling condition that requires the individual to develop specialized compensatory skills in order to function effectively. Based on this premise, it follows that those professionals who assist the blind person in developing these compensatory skills must be specially trained in the skills themselves, as well as the techniques of teaching the skills to a blind client or student. Thus, it can be noted that the term "categorical" when applied to work for the blind means unique services for the blind provided by individuals who possess specialized knowledge and skills related to the unique handicapping condition of blindness and the teaching of those compensatory skills required by the blind individual in order to function effectively.

Normalcy Revisited

In recent years, considerable mention of the area referred to as "normalcy" is found in the professional literature. It surely refers to a function that has extreme relevance for the blind and visually handicapped, just as it has relevance for other groups of handicapped individuals, and just as it has relevance for the non-handicapped. "Normalcy" refers to the degree to which an individual, be they blind or sighted, fits into the world in which he or she lives. In terms of the blind, the degree of attainment of a high "visual index" is sometimes discussed. There is no question that the degree to which an individual generally looks and behaves like his or her peers has a great deal to do with personal acceptance and success in American society. Thus it follows that the more "normal" the blind or visually-handicapped person appears, the more accepted he or she will be. Thus the importance of the "relevance of normalcy" is justified.

The Consumer's Vantage Point

No treaties on the impact of mainstreaming, or indeed on any other area of work for the blind, can be considered really complete without an examination of how the consumer views the situation. Input from the blind is essential for the development of programs that are responsive to the blind, and a look at the same input is relevant to this topic.

When the topic of mainstreaming is discussed, it sometimes appears that certain assumptions are made that may seem on the surface to be true, but which do not hold up well to close scrutiny. For example, there are those who believe that mainstreaming is best for everybody. It is sometimes claimed that all segregated programs and services for the blind are inferior and that the proper solution for which to strive in every instance is total integration through mainstreaming.

When examined from another point of view, the fallacy of such a total commitment to mainstreaming for everybody quickly becomes apparent. For example, some blind persons prefer sheltered situations. Other blind persons are best served in special settings. Some persons with the potential to be mainstreamed can best reach that goal through the route of specialized, segregated experiences.

At any rate, the point is that decisions concerning whether or not the individual is to be mainstreamed should be made by the blind and visually-handicapped individuals affected, on an individual basis. The decisions should not, indeed must not, be considered to be in the realm of the professional but rather in the realm of the people who must live with those decisions on a daily basis, the consumers themselves.

Another caution, no consumer or group of consumers has the right to decide the type of situation that is best for the rest of

of the group. It seems that only too often decisionmakers get into the pattern of writing laws and regulations based on a narrow and limited sample of consumer input. Thus, it follows that neither the professionals nor the vested groups of consumers should have the right to dictate the station and situation of all blind and visually-handicapped persons.

What we should strive for is the use of adequate techniques of sampling consumer viewpoints to guarantee that all such views are heard, thereby making it possible to design and implement an array of options that are actually relevant to the needs of each individual. This is really not so difficult as it may appear at first blush. It is mostly a matter of attitudinal approach.

The Worker's Perception

The professional worker in the field of services for the blind cannot help but be affected by his or her perception of what work for the blind is, what consumers are like, and how the blindness system operates. The more accurate the worker's perceptions are, the more likely that the type and quality of his or her services will meet the needs of the clients or students. This does not suggest that it is always possible to meet every need of every individual requiring services, but it does suggest that it is quite possible to do the job adequately in most instances.

As we assess the potential perceptions that the workers may have, it will be necessary to view the situation from their vantage points. Hopefully, the worker sees his or her responsibility as one of providing the blind individual the opportunity to succeed in terms of the client's desires, needs, and personal goals. Quite often, one of these goals, perhaps the central one, is to secure a particular type of employment. In order to reach that goal effectively, it is necessary to assess the barriers that stand between the client and the goal, and then work in concert with the client to determine effective ways and means to overcome or circumvent those barriers.

Now we begin to get a bit closer to the worker's perceptions because they are concerned with how the worker sees those barriers, and how the worker thinks it best to deal with them. Some of this has to do with the degree to which the worker has a positive or negative attitude concerning blind persons, some of it has to do with the worker's positive or negative set concerning the support services available to train the client, some of it has to do with the worker's set regarding societal attitudes about blindness, and some of it has to do with the worker's set regarding potential employers. The point is, all of us tend to see the world in terms of our own biases and experiences. For that reason it is quite possible to carry an erroneous picture of the situation while acting in all good faith. The question is, "Just what is reality regarding work for the blind and the opportunity for the blind to succeed in America?" If that question could be answered accurately, many of our problems would be solved.

The trouble is, the answers are just not so easy. The best we can hope for is to gain as clear a picture of the barriers that confront us in our own situations, and then try to deal with them in as realistic and effective a manner as we can.

Now, let's look at how this all relates to the notion of mainstreaming. If the worker believes that a particular client can not make it in the sighted world, the type of program he or she recommends will tend to reflect that feeling. If the worker believes that the client has what it takes to mainstream, but that the sighted world will not accept the client, that will introduce a different type of bias into the worker's planning. If the worker is philosophically convinced that all blind persons must be mainstreamed, that will cause an entirely different type of programming and counseling predicates to effect the situation.

Another factor that has an enormous effect on the way the worker approaches the job of providing services to the blind is directly related to work load. The size of the case load and the amount of paperwork, or logistical complications, or degree of regulatory response required, are all factors that impact the perceptions of the worker. Also involved in this business of perceptions is the perceived workload. The point is that many people cannot work effectively if they feel overloaded or harrassed by the details of their work. On the other hand, some people seem to work best under pressure. You've heard the saying, "If you want something done well, give it to a busy person".

At any rate, the worker is going to be affected in some way by the matter of work volume. If the volume is such that all clients' needs cannot be met, simply because of lack of time, how does the worker solve the dilemma? One way is simply to meet the paper requirements of the situation with little depth in the quality of the job done. Another possibility is to pay more attention to the easier cases, thus raising the number of case closures. Still another possibility is to devote the major time and effort to those clients perceived to be in the most need of help. There is always a dichotomy when the work load is greater than it should be. The worker has to choose between doing a superficial job for everybody, or a more adequate job for some than for others.

Now, the relevance to mainstreaming has to do with whether it takes more time and energy resources to deal with client needs in terms of mainstreaming or not. Although most of us would probably prefer to be thought of as idealistic in terms of our attitudes regarding services to clients, it is simply human nature to be concerned about how the amount of effort regularly required is going to impact our lives in terms of professional satisfaction, fatigue, prestige, and the like. In recent years we have been hearing a good bit about a condition referred to as "professional burnout." It appears this condition is fairly prevalent among human services workers, and for good reason. Because of increased load coupled with decreased

resources, the plight of the dedicated professional can be viewed as quite bleak.

The point is made that the attitudes of workers for the blind are affected by the climate in which they provide their services as well as their perceptions of the situations. The more positively the worker feels about the situation, the more positively the worker is going to approach the service-delivery mission. The more accurately the worker perceives the reality of opportunity for success, the greater are the odds that the worker will increase the success potential of the clients. The worker will positively impact on the arena of mainstreaming to the degree that the worker sees mainstreaming as a positive goal toward which to strive and the worker feels committed to that goal as well as the degree to which the worker believes the goal is realistically attainable within the social and resource constraints presented.

Social Science Fiction

Although we read and hear much about the implementation of mainstreaming efforts regarding handicapped Americans and about the numbers of blind and severely visually handicapped who are being mainstreamed, it seems worth the effort to examine this situation just a bit. There is no intent here to attack the matter of mainstreaming as a philosophy of service. Mainstreaming is believed to be a good and proper goal for which to strive in many cases. So, the notion of mainstreaming is generally considered to be a good one. What we are examining here is the degree to which people are sometimes mistaken as to whether or not mainstreaming is actually taking place. Often we are only accomplishing the superficial appearance of mainstreaming and not the actual fact at all. This situation is disturbing indeed, because it lulls us into a feeling of false complacency, making us think the task is accomplished when in reality it is not.

Let's take a specific example of superficial mainstreaming. In the field of education of the blind, it has long been thought by many dedicated professionals that blind children will be better prepared to live and work with their sighted peers if they attend public schools. In this way they will be educated in the mainstream of public education, mingling with peers in both social and educational activities, interacting fully, and ultimately avoiding what have been believed to be the stifling effects of segregation in special schools and/or special classes. This sounds optimistic, and it probably is successful in those cases where it really happens. Often, however, the blind child attending regular public school is the victim of superficial mainstreaming. In some school districts, the fact that the blind child has been admitted to the school makes some professionals believe that the child has been both mainstreamed and properly provided the opportunity for an adequate and appropriate education. The fact is that he or she has not unless the opportunity for the full range of both academic and life adjustment compensatory skills is present, and not unless those opportunities are applied in the manner

required to meet his or her specific individual needs.

Let's look at another example of superficial mainstreaming in education. There are cases in which blind children are enrolled in regular public-school classes with sighted children, but in which the desired interaction is totally thwarted by the way in which the logistics are perceived and applied. The situation may be this. The blind child is brought to the school building by taxi or special school bus. The driver helps the child to the building where the teacher meets the child and helps him or her get to the classroom. This takes place just a few minutes after the classes are underway to protect the blind child from the congestion of crowded hallways. The classroom contains a special desk and seat back in the corner, out of the way of the rest of the class. This special desk contains all the space and storage required for the braille writer, braille books, braille paper and other special compensatory devices. During recess and lunch time special arrangements are made for the blind child, perhaps braille lessions, or perhaps daily living skills are taught. At the end of the school day, after the rest of the children have gone, the teacher helps the blind child to the front of the building, and the driver helps the child to the vehicle and takes him or her home where his or her parents meet the vehicle and help him or her into the house. Thus, all opportunity for peer interaction and the development of social skills, that were the reason for mainstreaming in the first place, has been completely neutralized.

It shouldn't be difficult to envision how these same principles of superficial mainstreaming might, and often do, take place in the world of the adult blind clients. If the effect of "mainstreaming" in only to give the surface impression, without the substance, it seems that this circumstance is worse than no mainstreaming at all. Superficial mainstreaming leads to a false sense of accomplishment of the goal while at the same time depriving the blind individual of the opportunity to develop the compensatory skills so necessary and relevant to "normalcy".

Thus we can see that it is not so difficult to fall into the trap of providing a service that is called mainstreaming and which is thought by many to be mainstreaming, but which is not mainstreaming at all. The end result is the condition that is referred to as "social science fiction". The main group damaged by this social science fiction is the student/client group who are thereby deprived of the opportunity for adequate and appropriate services. But, there is another group that is also hurt. That group is the one consisting of the dedicated professionals who really want to see blind individuals receive the opportunity to achieve and succeed. These psuedo programs often blind the decisionmakers, giving them the impression that all is well. Thus, when the professionals who can see that all is not so well attempt to secure greater and more adequate resources, they are thwarted in their attempts because the decisionmakers are convinced that the job is already being accomplished.

From this discussion, we see the need to communicate effectively about this situation, both internally to the service delivery system, as well as externally to the decisionmaking forces that impact the system from outside. The goal is to convert social science fiction to actual fact. The real situation must be both perceived and believed if progress is to be made.

Myth, Method, Or Madness

Whether mainstreaming is seen as myth, method, or madness is an individual determination that each person must make. It is clear that mainstreaming can be a myth only as was shown in the preceding section, but does that necessarily have to be the case? Not at all. One must realize that it is important to have a realistic grasp of mainstreaming and to know what the obstacles to it are before it can be successfully achieved.

Some individuals will believe that mainstreaming is madness because their own perceptions of handicapped persons are such that they cannot accept the idea that handicapped Americans can actually compete successfully with their peers. If one accepts the idea of inherent inferiority, it follows that one cannot perceive the possibility of mainstreaming as a viable reality for the blind. The responsibility to disprove the idea that blind people are in some way inferior must be accepted by both blind people themselves and the professional community that provides services to them. This, in itself, adds to the burden of compensatory activity that accompanies blindness, thus increasing the load for worker and client alike. Yet, it is only through an effective partnership between professional and client that headway can be expected in this arena.

The conclusion then is that mainstreaming is a method for dealing with life. In order to have a reasonable chance for success, mainstreaming as a concept, a philosophy, and a goal must be accepted totally by client and worker alike. There must be a willingness to confront and overcome societal barriers, a desire to succeed, a commitment to an maximal effort, and the self confidence to move forward in the face of discouraging setbacks. What's fair may not ever seem to enter into the picture. But then, achievement of the worthwhile is never easy.

"What Is" vs. "What Should Be"

If the ideal is the goal sought, there should not be any blindness in the first place. Although there is much more to be accomplished in the field of prevention of blindness, the notion of a world in which no blindness exists is not a likely reality so long as the principles that have existed since the beginning of time continue to exist. The pragmatic view must be, as long as there is blindness in this world, let's do everything possible to minimize its effect.

Ideally, there should be sufficient dollar and personnel resources to provide adequate and appropriate services for every

visually-handicapped person. But, the reality is that human-services programs are facing the most severe fiscal and manpower crisis since their beginning.

In the best case, every human-services professional who works with the blind would be properly trained and completely knowledgeable with respect to the field of work with the blind and would be able to deal effectively with the needs of all students or clients for which he or she is responsible. In the real world, many "professionals" do not have the training, experience, or "know how" they should have. The shortage of appropriate personnel has a crippling effect on service-delivery quality.

The professional in work for the blind should have sufficient time to provide thorough and comprehensive services to every client or student with whom he or she works. In the majority of cases, case loads and class sizes are far too large to permit the expenditure of the amount of professional time each deserves.

Ideally, every visually-handicapped person should have the opportunity to integrate into the mainstream of human endeavor to the maximal degree of his or her potential. Because of present circumstances, that opportunity is rare and often is reserved for the few who are so gifted as to accomplish it on their own.

The Impact of Consumer Activism

The following basic issues are central to the expressed and implied concerns of the blind of this nation. A critical review of the system shows these obstacles to be real and quite frustrating to consumers, parents, and professionals. Thus, the barriers cited must be removed if an adequate service-delivery system is to become a functioning reality. Briefly stated, the barriers are lack of appropriate management of funds and resources, denial of effective consumer participation, frequent inadequacy of direct services, obstructive nature or agency defensiveness, severe shortage of trained manpower, ineffective application of existing technology to blind consumer problems, and obfuscatory tendencies with respect to the identification and tracking of funds intended for programs for the blind. These seven barriers are alluded to repeatedly by blind persons and by parents of blind children. It is quite clear that they are representative of major areas of interest and concern.

It is also clear that the needs and concerns of the handicapped are, in the minds of most Americans, secondary to the day-to-day economic problems with which they are confronted. The American general public is reacting strongly to pressures caused by inflation, increased taxes, deficit spending, perceived government waste, and the skyrocketing cost of necessities such as utilities, groceries, and gasoline. Whether or not all of these factors are indications of government failure is beside the point. The problem is that the American public has lost confidence in government in many ways, and

that loss of confidence, and the reactionary wake of that loss of confidence, have had a negative impact on all government functions, including human-service agencies.

Concern and frustration relative to the problems faced by the handicapped are reflected in the passage of such legislation as P.L. 94-142 and Sections 502, 503, & 504 of the Rehabilitation Act Amendments. Strong consumer efforts are being mounted to "force the system" into compliance with consumer perceived legislative intent.

Public frustration with rising costs and the resultant lowered standard of living is reflected in Proposition 13 type legislation. Also, pressure on government leaders and elected officials has resulted in indiscriminate budget cuts for human-services programs in many parts of the nation.

Because of these factors and the forces generated by them, the stage is set for several types of crisis confrontation. Quite frequently the protagonists are parents vs. school, school vs. stage department, handicapped vs. agencies, agencies vs. legislature, consumers vs. legislature, public vs. consumers, and combinations of the foregoing. Much of the problem stems from the fact that the pressures of the situation have produced a climate of adversarial relationships so widespread that it is often difficult for the protagonists to sort out the issues of critical impact.

Affective Effect on Attitudes

The real gut-level feelings and beliefs of each actor will enormously affect the individual perception of mainstreaming. Does the actor really believe in the idea that blind persons can compete and succeed in the sighted world? Does the actor really think that the profession's present "state of the art" is sufficiently developed and sophisticated to prepare the blind individual for the mainstream of human interaction? What level of confidence in the capabilities of client and/or worker does the actor hold? Does the actor profess belief in these, but hold certain internal reservations about them?

All the above questions are important considerations. In order to sort out one's own feelings, it is necessary to come up with the answers to these questions. Whether the "actor" is a client, a student, a worker, or an administrator, the impact of one's true feelings concerning these issues cannot be disregarded. The idea of this article is not to attempt to answer the questions, nor to suggest the answers to them. The intent is to raise the questions in order that the reader may have the opportunity for introspective self evaluation in this regard.

Decisions for the 80's

There are a number of critical decision points facing the

profession of work for the blind in the 1980's. Some of these issues are listed here for the reader's consideration. 1) Will the profession of work for the blind continue as a categorical entity, or will the generic model prevail? 2) Will the various professional and consumer organizations of and for the blind join forces to cause positive legislative and programmatic change, or will internal divisiveness and narrow vested interest weaken the profession of work for the blind and leave it easy prey for those who would destroy categorical services? 3) Will the profession of work for the blind make more effective use of the knowledge and tools available, or will there be a continuation of outmoded techniques? and 4) Will the profession of work for the blind take a proactive stance that moves the efforts to give the blind their rightful place in American society forward, or will inertia continue to dilute their opportunities?

To this author, the choices are quite plain and clear, but perhaps personal bias is causing perceptual distortion. The reader must consider each of the issues from a personal as well as a professional vantage point in order to form a commitment to those principles that seem correct and important. Lest there be any doubt, this author favors the first of the options in every case. The bias of this author is that the field of work for the blind is on the brink of disaster, both politically and functionally. Unless we all take immediate steps to pull together for the common good, categorical services for the blind will continue to dwindle and recede, and such would be a disaster. Immediate attention to the points listed in the section on consumer activism are viewed as immediate critical imperatives. If immediate and effective coordinated efforts to save work for the blind from political and philosophical dilution are not forthcoming, the various internal political and programmatic arguments will become moot points indeed. There is no value in strengthening the position of the individual if the species is soon to become extinct.

To See Or Not To See

Much of the remainder of this writing is borrowed from the author's book, To See Or Not To See. The purpose of its insertion is to underscore and expand upon the notions expounded regarding the imperative "Decisions for the 80's".

An examination of the blindness system in the United States must concern itself, for the most part, with the public agencies for the blind. Particularly, state rehabilitation services and state educational services for the blind must be considered. The following is an attempt to provide a broad overview of the situation and, hopefully, some degree of useful perspective.

State Rehabilitation Agencies

These governmental agencies are supported almost totally with tax dollars and were created for the expressed purpose of providing meaningful services for handicapped persons. Agencies for the blind

and sections for the blind within general agencies have a moral and legal responsibility to provide adequate and appropriate services to the visually handicapped.

The problem lies with the fact that there are various interpretations of what is "proper" in terms of the agency function and responsibility. Federal officials offer different and sometimes conflicting interpretations of the law and the regulations developed to implement the law. Then there is a whole array of boards, administrators, staff, and client advocates at the state and local level, all with their own views of what is the proper stance, philosophy, and service content to be provided to the blind and visually impaired.

The input that is the most critical to the process is often overlooked or, at least, underestimated. That viewpoint, sad to say, is the viewpoint of the client. There is only one defensible reason to spend tax dollars in support of rehabilitation services for the blind. That reason is to provide services that are helpful to blind people. It is unthinkable that such services could be planned and provided without some specific understanding of the real problems and needs of the blind persons who are to be the recipients of the services.

No service provider, be he or she administrator, field worker, or clerk, has the right to decide what is right and good for the individual he or she serves without the advice and consent of that individual. Yet we see considerable evidence that the will of the consumer is being ignored in many cases and in numerous locales across the country. Hopefully, all who are involved in the provision of services will give proper attention to the consumer viewpoint and take the action indicated.

Diverse Administrative Structures

As we examine programs for the blind across the nation, we find a great diversity in the types of administrative and organizational structures through which the programs are managed and supervised. In some places, separate rehabilitation agencies for the blind administer their programs autonomously. In other locales, the blind services are distinct entities within a larger organization, such as a general rehabilitation agency or some other department of human services. Still another configuration incorporates a generic approach in which the blind are not viewed as being much different from the other rehabilitation clients. Then there are various combinations of these systems in effect in different agencies and locales.

Service Emphasis

Rehabilitation agency administrators seem to be fond of the following phrase or some similar variation thereof, "All we offer is service because service is our business." But, what exactly does that mean? What type of service? What are the specifics? What

measures are used to determine the level of quality of that service? How do they determine whether their agencies provide the correct services in light of the needs of their clients? How do they know whether they have identified all the potential recipients of their services? Wll these factors must be considered seriously and effective evaluation and quality-control mechanisms must be established in order to be truly responsive to client need.

Some agencies place most of their emphasis on the diagnostic phase, relying on someone else to provide the necessary corrective programming indicated. Others go in the opposite direction, deciding in advance that certain basics are needed by all clients, therefore ignoring or at least minimizing the importance of the diagnostic activity. One state agency puts nearly all its emphasis on radio reading services. Another seeks to place most clients in sheltered workshop settings. Yet another puts the emphasis on vending program operations.

Why this tendency to emphasize so few employment options for blind persons? Would the outlook be as narrow in the development of employment opportunities for sighted individuals needing to find work? Is the emphasis based on the needs and desires of the clients, or is it focused more toward the ease and convenience of the staff?

Varying Philosophies

Part of the service disparity in the several states is undoubtedly caused by a variance in philosophy. Even though the federal statutory authority that provides funding for state rehabilitation services is universal to all, there is still opportunity for local opinion to come into play.

The mechanisms for monitoring such programs are also too lax and infrequent to preclude autonomous unilateral de facto programming of a biased nature. Some rehabilitation agencies are saturated with the view that the professionals are the only ones qualified to recognize the needs of the clients. Other agencies have fallen prey to the notion that only blind people are able to understand the needs of the blind. Therefore decision making is limited to blind staff, without regard for their degree of training, competence, or demonstrated ability to make effective choices. Others take a philosophical stance that indicates no confidence in the ability of blind people to compete with their nondisabled peers. Others are so controlled by the dominant political power of the moment that their philosophy is dictated exclusively by pragmatic considerations, be they in the best interests of the blind or not. Some agencies are totally dominated by the personal philosophy of the incumbent executive, regardless of law or regulation to the contrary.

The point is that many handicapped citizens of this nation receive services derived whimsically and capriciously. Instead, services should be reactive and responsive to actual client need. It is

not intended that rehabilitation services be seen as totally failing to provide adequate and appropriate services for the blind. The idea is to spotlight the types of difficulties that do exist in some places today so that others may avoid repeating the same mistakes. This section has not placed much emphasis on what is right about the system because plenty of attention has been given to that elsewhere. If we are concerned with improvement, we must focus on solutions. In order to accomplish this, we must first face the problems honestly and squarely, without flinching from the truth.

The People Served

Maybe the heading of this section should be "the unserved majority." I'm not sure. One fact is certain, many severely-handicapped persons are not receiving any assistance at all. Another unarguable reality is that many others are not receiving services appropriate to their individual needs.

There is no excuse for the existence of the rehabilitation system other than the provision of appropriate services to handicapped people. How then, can it be possible that arbitrary decisions are made to the effect that this person or that group of handicapped Americans will be excluded? It's incredible, but true in fact, that such decisions are being made all the time in this country.

Those who can must advocate for those who are not able to defend themselves against these negative trends. It is ironic that often those who are the most discriminated against in this manner are those who need help the most, and at the same time are the least equipped to register their complaints effectively.

Who are these unrepresented blind people? Some of them are elderly people in nursing homes or living with friends or family. Some are individuals with mental or emotional problems. Others are the deaf/blind or other severely multihandicapped. Some others are illiterate, either actually or functionally. Still others are simply not brave enough to speak up, but all are persons who need help and whose needs are being ignored.

Who then, will speak for them? It is the moral responsibility of every man who knows about these cases to bring them to the attention of responsible authorities. It is the moral and professional responsibility of every individual in the rank and file of human-services activity to stand up and be counted as advocates for these. Professionals and advocates alike should be willing to buck the system in their behalf.

The Success Rate

How do we measure the success or failure of rehabilitation services to the blind in this country? Probably not very well. This statement should not be a great surprise to anybody. After all, over

half the system is unaware of the specific needs of the blind. It only stands to reason that the same half will not be in a very good position to evaluate itself.

The success rate in terms of providing real opportunity to blind Americans is quite low when examined from all angles. Even those rehabilitation agencies that are rated as the best in the country report a low success rate in the field of employment. All must admit to extreme narrowness in the main with respect to the variety of types of job opportunity available to the blind. The percentage of severely visually-handicapped and totally-blind persons being helped at the present time is only a small portion of the projected numbers needing service. This is just another indicator of low success.

If you doubt the accuracy of these statements, examine the evidence. One large state has a conservatively estimated visually-handicapped population of over 137,000 persons. Yet even the highest service delivery estimates are only slightly over 35,000. Many of the 35,000 have only received the most minimal service contact. In another case, only 20,000 visually-handicapped individuals, unable to read print from a projected population of nearly 400,000 are receiving help, and it is further estimated that about fifty percent of that help is not adequate to the need.

Why does this condition continue? Partly because of ignorance and apathy. Partly because of economic restraint. Maybe much can be attributed to the ostrich syndrome.

What should be done? There are no easy answers. Each of us should take whatever corrective steps we can as soon as we can. We should resist apathy and procrastination and join together for the common good. Persistence and the strength of numbers should make a difference.

Education of Blind Children

"Before the blind may successfully function in any environment, special skills training must be provided so that the visually handicapped individual may effectively compensate for his visual problem. Special education efforts which seek to provide blind children and youth with traditional academic preparation before such students are given the benefit of the special professional acumen developed for this disability, are predestined to ineffectiveness." Hoehne wrote these words in 1974. He really said it all. These same thoughts hold true today. However, only small steps in the direction indicated have been initiated as of this writing. One state legislative study committee found four necessary preconditions for greater effectiveness in the area of special education for the visually disabled, and published those findings in 1975. They are as follows:

"(1) earlier detection of cases involving individuals who have sustained or who are likely to sustain serious visual loss;

(2) more adequate diagnosis and evaluation of all factors which bear upon the ability to eventually function in a sighted world;

(3) more effective coordination of those presently authorized special education and other related services and those needed future services on a more concerted and consistent basis; and

(4) the reallocation of special education resources commensurate with the severity of the handicapping condition of blindness."

These same findings still hold true. Present federal legislation holds the promise of adequate and appropriate educational programs for every handicapped child in America. Yet officials in the departments of education of some states are continuing to attempt to subvert the intent of the Congress of the United States and the will of the people that elected that Congress.

Meeting Client Needs

More critical than anything else is a reevaluation and change of the basic attitudes on which many program decisions are made. The only responsible criteria with which a service agency can be judged is its success in meeting the needs of the clients or students it serves. If the clients and/or students are being successfully helped, the agency or school is doing a good job. Nothing else is acceptable.

Danger Signals

Today we hear rumblings that are very disconcerting in light of what has already happened. There is an evident tendency to try to install the generic model in the rehabilitation system. If agencies for the blind are internalized into larger entities, if government reorganization swallows categorical human services, another tragic debacle will be the end result. The categorical forces must learn to work together effectively for the common good. Otherwise there will be no vestige left.

And who will lose out the most? Those who are the most greatly in need of the services, and who are the least able to defend themselves....

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THE AMERICAN ASSOCIATION OF WORKERS FOR THE BLIND
AN HISTORICAL NOTE

Just prior to the 48th Biennial Conference of the American Association of Workers for the Blind that was held in Oklahoma City, Oklahoma from July 15-19, 1979, it was suggested that the history of the AAWB from 1895-1964 prepared by Dr. Norman M. Yoder, be updated. That history was published in Blindness 1964. The task of updating was assigned to Dr. Teresa M. DeFerrari, Administrative Assistant, American Association of Workers for the Blind.

It was planned originally to publish that updated history, covering the years 1965-1979, in Blindness, 1979-80. However, space limitations made such a plan impractical. Arrangements were made, however, to publish it in Blindness 1980-81 and it appears herewith.

AMERICAN ASSOCIATION OF WORKERS FOR THE BLIND, 1965-1979

by

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This article continues to trace the activities of what Dr. Norman M. Yoder, in his history of the American Association of Workers for the Blind (AAWB) from 1895 to 1964 (Blindness, 1964, pp. 151-175), described as an association "which embraces the layman, the physician, the voluntary worker and the professional worker dedicated to improve the social and economic condition of those who have lost their sight" (and we would now add "and those with low vision").

As Yoder indicated, AAWB had a significant, growing influence on society from the association's beginning in 1895. Until 1964, this influence was exercised chiefly through the tasks initiated and implemented at its national conventions. Since 1965, the conventions, or conferences as they are now called, have continued to be the main voice of AAWB. However, three other means of expression now complement the outcomes of the convention and cause AAWB's influence to be felt even more widely. These means of expression are the annual, Blindness; the newsletter, News and Views; and the development of regions and state chapters within the national organization.

Some of the important achievements that emerged from the AAWB conventions during the last fourteen years are these:

The theme of the 1965 convention, held July 25-29 in Denver, Colorado, was "Retrospect--Highway to the Future." President Douglas C. MacFarland developed the theme by making a number of predictions, one of these being the following:

> "Although we do not anticipate that there will be a great proliferation of workshops for the blind, it is our firm conviction that a certain number can be beneficial and should be developed. Many of these shops can take care of the employment of multi-handicapped blind persons who have heretofore gone unemployed."

At the 1965 convention, Interest Group 9 Orientation and Mobility was organized under the leadership of Rodney Kossick. This group has been of continuing influence in establishing and maintaining standards for mobility specialists.

At the 1966 convention, July 24-27 in Pittsburgh, Pennsylvania Dr. Irvin Schloss of the AAWB Legislative Committee submitted the statement that he had presented before the Ad Hoc Subcommittee on the Handicapped, Committee on Education and Labor, U.S. House of Representatives on unmet needs and services to blind persons. The following is an excerpt from that statement:

> "Although our goal is to integrate each handicapped person into the mainstream of our society, according to his individual capability, hopefully as a self-supporting, socially adequate, contributing citizen, we must nevertheless recognize that there is the need for specialized attention in order to achieve this goal. Too frequently, the small special groups we are concerned with get overlooked in broad programs designed to deal with broad national needs."

This excerpt shows the balanced outlook that AAWB has consistently taken on the issue of mainstreaming in relation to special services.

A merger between AAWB and The Association for the Education of the Visually Handicapped (AEVH) was considered as early as 1966. At that time AEVH was known as The American Association of Instructors of the Blind (AAIB). Dr. Norman M. Yoder, President of AAWB in 1966 said that he believed that "our interests are sufficiently outlined that we can and should merge. With this kind of strength we can speak with an authoritative voice on legislation, we can outline authoritatively programs and services to meet the needs." Merger has not been accomplished thus far but renewed consideration of it is being given currently.

At the 41st convention, that was held at Miami Beach, Florida, July 9-14, 1967 President Louis H. Rives, Jr. transferred the gavel to the new President Arthur N. Magill, Managing Director of the Canadian National Institute for the Blind, in Toronto, Canada. Toronto was to be the scene of the next year's convention. At the 1967 convention, the AAWB adopted reorganization plans that included formation of state chapters, alterations in financing, and an increase in the National Office staff. President Rives noted that the amendments to the Constitution and Bylaws were aimed at expanding the Association and making it a more vital force in strengthening services to blind people. Such a change appeared in the new article VIII in the Bylaws that were published in the 1967 Proceedings. Article VIII described some of the basic functions of state chapters. It was also decided at this convention that after 1969, National Meetings would be held biennially, and that regional meetings would be held in the alternate years.

President Rives commented as follows on the chapter and regionalization plan:

> "I think our first job was to develop some kind of organizational structure which would make the Association responsive to its membership. I think that your regionalization committee...has done an excellent job in this area. I think they have given you, not a perfect base, because it is going to have to be changed as time goes on; but a base through which individual state chapters will select their own members on the Board of Directors, through which the control of policy of the AAWB will be in the hands of the people selected by you in your local state chapters of the association working in concert with the national convention."

In 1967 AAWB passed a resolution supporting the work of eye banks. AAWB promised to encourage people to pledge their eyes in this important program. The membership in July of 1967 was reported at 1,481 individual members and 43 agencies. The mission of AAWB as described in 1967 by the Chapter and Regionalization Committee will be discussed in a later section of this article.

The 42nd AAWB Convention opened in Toronto on Sunday, July 7, 1968. One of the major actions taken at the convention was the approval of the formation of a new interest group. Open to those who are primarily interested in business enterprises, Interest Group 10, entitled "Business Enterprise," was established principally through the efforts of Leon Hall, AAWB Board member and President of the Georgia Chapter.

Certificates of charter membership were presented by President Magill to representatives of 13 chapters encompassing 19 states and the District of Columbia. Chapters receiving charters were Alabama, Arkansas, California, DC-MD, Georgia, Illinois, New England (Connecticut, Massachusetts, Maine, New Hampshire, Rhode Island and Vermont), New Jersey, Ohio, Penn-Del, South Dakota, Virginia and Texas.

Arthur N. Magill, President, stated that through the generosity of the Seeing Eye, Inc., the American Foundation for the Blind, and the Federal Department of Health, Education, and Welfare, AAWB has achieved a degree of financial stability for a period of time sufficient to enable it to become self supporting.

AAWB's 43rd annual convention was held in Chicago, Illinois July 19-23, 1969. Dr. Douglas C. MacFarland as Chairman of the State and Regional Organization Committee stated that AAWB's job during the next two years was two-fold: to complete the organization of state chapters; but even more important, to weld these chapters into viable regional organizations. The convention theme was "Image, Imagination and Implementation." A keynote address by Arthur H. Kruse set the pace for the meeting--a positive, imaginative look at the great future which could lie ahead in this service oriented profession. The third general session opened with Dr. George G. Mallinson as Chairman for a panel on a subject that was just beginning to emerge: "Service Needs from the Consumer's Viewpoint."

An important achievement at this meeting was the approval by the National Board of Directors of procedures for the certification of Orientation and Mobility Specialists. Certification of home teachers or rehabilitation teachers had been established in 1945.

The first biennial national conference was held in Richmond, Virginia July 18-21, 1971. The Executive Director, John Naler, reported that AAWB joined all the other national organizations of and for the blind in a successful effort to reverse the decision of the Secretary of the Department of Health, Education, and Welfare to abolish the Division for the Blind and Visually Handicapped. AAWB resolved to commit itself to working closely with the Division for the Blind and Visually Handicapped not only for the purpose of improving and strengthening services but also for the purpose of developing new service concepts and methodologies that would have a significant impact on major social concerns which needed to be effectively addressed.

By the end of 1971, AAWB membership had risen to an all time high of 2,500.

More than 800 members of AAWB participated in the 45th convention in Cleveland, Ohio in July 1973. The speakers during the general sessions included such nationally known figures as Aria A. Mallas, Jr., Dr. James Bliss, Dr. Derek Rowell, Dr. Theodore Benham, Dr. Larry Scadden, Patrick Nye, Dr. Eugene F. Murphy, Corbett Reedy, Dr. Arnall Patz, George Klinkhamer, C. Stanley Potter, Mary Patterson, Kenneth Jernigan, Frederick Picard III, Dr. Kenneth Ingham, D. W. Paton Kolb and Durward K. McDaniel. Scientific presentations were made on new developments to aid the blind including the Optacon, the Kay Spectacles, Vibro-Tactile television systems, the Stereo-toner and ARTS-1 Program.

A Public Relations Workshop, the first AAWB-sponsored workshop of this nature, preceded the biennial meeting, and was extremely

well attended.

President Robert Whitstock presented a petition with over 100 signatures from rehabilitation teachers asking for the formation of Interest Group 11, to be composed solely of rehabilitation teachers. At that time, the rehabilitation teachers were in Interest Group 3 that included social case workers, occupational therapists, and rehabilitation teachers. The motion to form Group 11 passed unanimously.

In 1975 AAWB Conference met in Atlanta, Georgia July 20-23. The members present resolved that appropriate Interest Groups, professional organizations, university training programs and resource agencies be called upon to develop curricula for the additional training of personnel to provide comprehensive low-vision services. Another resolution urged bringing public attention to the importance of professional personnel with quality training and the provision of rehabilitation teaching services so that persons receiving help are assured competent, constructive assistance. The membership also endorsed a statement indicating an urgent need for the development of programs of routine periodic vision screening in alternate care facilities.

At the 1977 AAWB Conference in Portland, Oregon, July 17-20, 1977 President Harold Roberts expressed the benefits that AAWB had given him. These are applicable to all members:

> "Firstly, I recognize that our Association is an important vehicle for affecting the quality of life for blind persons. Secondly, participation in its affairs has broadened my professional knowledge and deepened my understanding of the critical issues which our specialized field of service has faced. Equally as important, is the opportunity our Association has afforded me for warm fellowship and for providing me with a sense of belonging to a great historic American movement."

At this convention, the Douglas C. MacFarland Memorial Fund was established with the assets to be used to encourage professional activities.

The 48th Biennial Conference was held in Oklahoma City, Oklahoma July 15-19, 1979. One of the most significant achievements of this conference was the introduction of changes in the Constitution to allow greater participation by Canadians. These changes gave careful consideration to Canada's status as a nation and not just as a chapter or region. As of July 19, 1979 a policy was approved to hold every fifth biennial conference in the Dominion of Canada unless those representing the Dominion of Canada elect not to host the meeting at that time. Two representatives of Canada shall serve on the Executive Committee for two years and, whenever possible, these two members of the Executive Committee shall represent both the national and the local

sector of service to blind persons in the Dominion of Canada.

At this convention the question of a continuing Bureau for the Blind and Visually Handicapped in HEW was raised in connection with the recently passed House and Senate bills establishing a Department of Education separate from Health and Welfare. AAWB urged by resolution that the House and Senate conferees clearly delineate the maintenance of the Bureau for Blind and Visually Handicapped by its transfer from the former HEW to the new Department of Education.

Another resolution important for the structure and quality of AAWB's educational work was the decision to create a Council of Interest Group Chairpersons to continue a dialogue of communications among the various interest groups. In this regard it was further resolved that two persons from each Interest Group, preferably the immediate past chairperson and current chairperson be members of the Council. The intention of these resolutions was that the Council serve as a resource body to the Board of Directors.

Finally, in this brief survey of AAWB's concerns over the last 14 years as expressed at national conventions, one should examine membership statistics. As of July 31, 1979, shortly after the Oklahoma conference, the total membership was 3,254. Of this number 3,096 were individuals and 158 were agencies. The membership at the end of the previous year was 3,499 with 170 being agencies. The cutoff date for enrollment in a given year is October 15th. As of that date in 1979, the membership was 3,086 with 168 being agencies. An effort is now being made to increase membership beyond the all-time high that was 3,627 in 1975, 133 being agencies.

Publication of Blindness Annual

Blindness contains articles on the medical, social, psychological, technological and historical aspects of blindness. In the 60's Blindness was supported by an HEW grant. Currently, it is supported by membership funds. In 1969, Fred Dechowitz, Executive Secretary of AAWB, reported that Blindness was being used as a teaching tool in colleges and universities. Today, the quality of Blindness is being upheld and it is much in demand by libraries throughout the country, as well as being a valued benefit of membership in AAWB.

Publication of News and Views

In the early 60's AAWB began to publish a newsletter entitled News and Views, primarily for the information of its members but also to acquaint nonmembers with the activities of the association. The newsletter is a function of the National Office in conjunction with the Board of Directors and the membership. News and Views is an important bond among the members of this international organization.

The Development of Regions and State Chapters

Since 1967 6 regions and 31 chapters have been established in AAWB. The guiding philosophy that produced this development was expressed by Dr. Douglas C. MacFarland, Chairman of the State and Regional Organization Committee in 1968. He said, "A national organization without substantive local arms is rather ineffective in successfully carrying out necessary changes."

In 1967, the Committee on Structure and Regionalization found that to speak of structure and its reorganization, it was necessary to formulate carefully a statement of the purposes of AAWB. The following purposes were proposed:

a. To serve as a social action force at the national, state, and local levels in identifying the needs of blind people and in stimulating, promoting and fostering the action necessary to meet these needs...

b. To serve as a forum at the national, state and local levels for discussion and for the exchange of information among all persons engaged in or interested in work with blind persons.

c. To promote, foster, encourage and carry out programs designed to improve the skills and to enrich the professional training of all personnel engaged in work for the blind.

d. To carry out a vigorous and continuing program to support interests of personnel engaged in work for the blind so as to improve the professional status and dignity of these workers and attract the best qualified in the field.

e. To lend full support to the establishment, acceptance, and improvement of high standards of service for agencies serving blind people.

f. To develop and carry on a continuing program of education and information on blindness and blind persons for the general public, for students, and the other professional disciplines and services available to blind people.

The Committee believed that the organizational structure of AAWB must be one that will facilitate, encourage and promote the active participation of every member in the achievement of the Association's mission and goals as described above.

The analysis of goals and structure that was completed in 1967 has been a guideline to the present day. AAWB is perhaps at the end of the period of trying to achieve what was delineated over ten years ago. The time is ripe, at the beginning of the 1980's to reconsider past goals, to determine if any or all of them are still relevant, and to plan ways to meet the new challenges of the coming era.

In conclusion, the following lists give the names of some of the persons who have been most active in AAWB during the past 14 years. AAWB in the 1980's will remember these persons and build on what they have accomplished.

Presidents of The American Association of Workers for the Blind Since 1965

1964-1965	Douglas C. MacFarland
1965-1966	Norman M. Yoder
1966-1967	Louis H. Rives, Jr.
1967-1968	Arthur N. Magill
1968-1969	Howard H. Hanson
1969-1971	Douglas C. MacFarland
1971-1973	Cleo B. Dolan
1973-1975	Robert H. Whitstock
1975-1977	Harold G. Roberts
1977-1979	Mary K. Bauman
1979-1981	Jerry Dunlap

Executive Directors of The American Association of Workers for the Blind Since 1965

Alvin V. Zeiset	July, 1965 - August, 1966
Sidney B. Cohen	September, 1966 - April, 1967
Col. Maurice Lien	May, 1967 - September, 1967
Fred Dechowitz	October, 1967 - July, 1969
John L. Naler	August, 1969 - December, 1972
Bruce B. Blasch	July, 1973 - December, 1977
John H. Maxson	July, 1978 -

Ambrose M. Shotwell Memorial Award

The highest award given by AAWB is the Ambrose M. Shotwell Memorial Award. Candidates for the Shotwell Award are chosen among those whose leadership and service have exerted influence on a national or international scale. The following have been recipients of the award since its beginning in 1939:

1939	H. R. Latimer, Charles W. Holmes	1957	J. Robert Atkinson
1941	M. C. Migel	1958	Francis Iberardi
1943	Cobrum L. Broun	1959	Mrs. Lee S. Johnson
1945	Edward E. Allen	1960	Philip M. Harrison
1947	Florence L. Birchard	1961	Francis J. Cummings, Lon E. Alsup
1948	Newell L. Perry	1962	Mary E. Switzer
1949	Joseph Clunk	1963	Sam M. Cathey
1950	Winifred Hathaway	1964	George E. Keane
1951	Helen Keller	1965	Berthold Lowenfeld
1952	E. A. Baker	1966	Henry A. Wood
1953	L. L. Watts	1967	Jansen Noyes, Jr.
1954	Stetson K. Ryan	1968	George Werntz, Jr.
1955	Peter J. Salmon	1969	Louis H. Rives, Jr.
1956	Maurice I. Tynan	1971	Arthur N. Magill

1973 Robert S. Bray
1975 Roy Kumpe
1977 Douglas C. MacFarland (posthumous)
1979 Ross C. Purse

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Blindness, 1980-81

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